

[Your Institution's Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

Subject: Consent for Tuberculosis (TB) Treatment

We are writing to inform you about your diagnosis of tuberculosis (TB) and to seek your consent for the recommended treatment plan. It is important to ensure that you are fully informed about the nature of your condition, the treatment options available, and any potential risks or benefits involved.

****Overview of Tuberculosis****

- Definition of TB
- Explanation of how TB is transmitted
- Importance of treatment in preventing further spread

****Recommended Treatment Plan****

- Description of medications to be used
- Duration of treatment
- Suggested follow-up appointments

****Potential Risks and Benefits****

- Possible side effects of the medication
- Expected outcomes of treatment

By signing this letter, you acknowledge that you have read and understood the information outlined above and consent to proceed with the treatment for tuberculosis as discussed.

Please sign below to indicate your consent. If you have any questions or concerns, feel free to contact us directly.

Sincerely,

[Provider's Name]

[Provider's Title]

[Contact Information]

Patient Signature: _____

Date: _____