

[Your Hospital/Clinic Letterhead]

[Your Name]

[Your Position]

[Department]

[Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Subject: Diagnosis Confirmation of Tuberculosis

Dear [Recipient's Name],

I am writing to inform you of your recent medical evaluation results.

After thorough examination and testing, we have confirmed a diagnosis of tuberculosis (TB).

**\*\*Patient Information:\*\***

Name: [Patient's Full Name]

Date of Birth: [Patient's Date of Birth]

Patient ID: [Patient ID Number]

**\*\*Diagnosis Details:\*\***

- Diagnosis: Tuberculosis (Active/Latent)

- Date of Diagnosis: [Date]

- Tests Conducted: [List of Tests, e.g., Mantoux Test, X-ray, Sputum Culture]

- Results: [Brief Summary of Results]

**\*\*Recommended Treatment:\*\***

- Medication: [List of Prescribed Medications]

- Duration of Treatment: [Duration]

- Follow-Up Appointments: [Follow-Up Schedule]

It is important to adhere to the treatment plan as outlined. Should you have any questions or require further assistance, please do not hesitate to contact me.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]

[Your Medical License Number]

[Optional: Enclosures/Attachments]