

[Your Clinic's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Position]

[Recipient's Clinic/Hospital Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Re: Referral for Tuberculosis Evaluation

Patient: [Patient's Full Name]

DOB: [Patient's Date of Birth]

Medical Record Number: [Patient's MRN]

I am writing to refer [Patient's Full Name], who has presented with symptoms consistent with tuberculosis. The details of the case are as follows:

****Clinical Findings:****

- Symptoms: [List symptoms such as persistent cough, weight loss, fever, night sweats]
- Duration of Symptoms: [Duration]
- Relevant History: [Any significant medical history, exposure to TB, etc.]

****Investigations Conducted:****

- Chest X-ray: [Findings]
- Sputum Tests: [Results, e.g., AFB smear, culture]
- Other labs: [Any additional relevant tests]

****Treatment Initiated:****

- [List any medications started, dosages, and duration]

I recommend further evaluation including [any specific tests or evaluations needed, e.g., CT scan of the chest, additional sputum tests, or referral to a specialist].

Please feel free to contact me for additional information or discussion regarding this case. Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Clinic/Hospital Name]

[Your Contact Information]

[Your Signature] (if sending a hard copy)