

[Your Name]
[Your Title/Position]
[Your Institution/Organization]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title/Position]
[Recipient Institution/Organization]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Tuberculosis Diagnosis Documentation

I am writing to formally document the diagnosis of tuberculosis (TB) for [Patient's Name], who was evaluated at [Your Institution/Organization] on [Date of Evaluation].

****Patient Information:****

- ****Name:**** [Patient's Full Name]
- ****Date of Birth:**** [Patient's DOB]
- ****Medical Record Number:**** [Patient's MRN]
- ****Address:**** [Patient's Address]

****Clinical Findings:****

- Symptoms noted: [List symptoms such as cough, weight loss, fever, night sweats, etc.]
- Diagnostic tests performed: [List tests such as chest X-ray, sputum smear, culture, nucleic acid amplification tests, etc.]
- Test results: [Summarize the results leading to the TB diagnosis]

Based on the evaluation and test results, [Patient's Name] has been diagnosed with [specify active TB, latent TB, etc.]. A treatment plan has been initiated that includes [briefly outline the treatment regimen, if applicable].

Please feel free to reach out if you require any further information or clarification regarding this case.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title/Position]
[Your Institution/Organization]