

[Your Clinic/Practice Letterhead]

[Your Name]

[Your Title/Position]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Recipient's Clinic/Hospital Name]

[Recipient's Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

Subject: Referral for Tuberculosis Diagnosis

I am writing to refer [Patient's Full Name], a [Patient's Age]-year-old [Gender] who has presented with symptoms suggestive of tuberculosis (TB).

Patient Details:

- Full Name: [Patient's Full Name]
- Date of Birth: [Patient's Date of Birth]
- Address: [Patient's Address]
- Phone Number: [Patient's Phone Number]

Clinical History:

[Provide a brief history of the patient's symptoms, duration, and any previous tests conducted. Include relevant medical history and any potential exposure to TB.]

Symptoms observed include:

- [Symptom 1]
- [Symptom 2]
- [Symptom 3]

Preliminary Tests:

- [Test 1: Result]
- [Test 2: Result]

I recommend that the patient undergo further evaluation including [specific tests, e.g., chest X-ray, sputum culture, TB skin test].

Thank you for your attention to this referral. Please feel free to contact me if you require additional information regarding [Patient's Name].

Sincerely,

[Your Name]

[Your Title/Position]

[Your Clinic/Practice Name]