

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

Dear [Recipient Name],

I hope this letter finds you well. I am writing to request a tuberculosis (TB) screening for [Patient's Full Name], [Patient's Date of Birth], who is currently [a brief description of the patient's condition or situation, if applicable].

Given [reasons for the screening, such as recent exposure, symptoms, or specific risk factors], we believe it is essential to conduct a TB screening as part of [his/her/their] comprehensive care.

Please find attached any relevant medical history and referral details for your review. If you need additional information or have any questions, feel free to contact me at [your phone number] or [your email address].

Thank you for your attention to this matter. We look forward to your prompt response.

Sincerely,

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