

[Your Clinic Letterhead]

[Date]

[Recipient's Name]

[Recipient's Title/Position]

[Health Facility Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: TB Test Referral Request

I am writing to refer [Patient's Full Name], [Patient's Date of Birth], for a tuberculosis (TB) test. The patient presents with [briefly describe the symptoms/reasons for the referral, e.g., persistent cough, recent exposure to TB, etc.].

Please find attached the patient's medical history, relevant test results, and any other information necessary for the evaluation.

We appreciate your assistance in managing this case and look forward to your prompt attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you have any questions or require further information.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Clinic Name]

[Your Contact Information]