

**TB Patient Update for Providers**  
[Insert Your Program's Name Here]



To: **[Clinician's Name]**

Thank you for referring **[Patient Name]** to us for further evaluation of tuberculosis disease. Below please find a summary of your patient's evaluation, care plan and treatment summary. As your patient continues to complete their workup and treatment, you will be sent an updated form. Thank you for this referral and for helping eliminate tuberculosis (TB) in **[County]**!

Feel free to contact us with any questions.

**TB Diagnosis**

Your patient was diagnosed with

- Pulmonary TB     TB Lymphadenopathy     TB in another site: \_\_\_\_\_

**TB Testing**

Your patient had the following test and results

- TST result: \_\_\_\_\_(mm)     IGRA result:  Positive     Negative  
 Sputum smear AFB negative     Sputum smear AFB positive  
 Sputum culture confirmed *Mycobacterium tuberculosis*  
 Biopsy smear and/or culture results: \_\_\_\_\_  
 Nucleic Acid Amplification Test (NAAT) result: \_\_\_\_\_  
 Drug susceptibilities pending     Pan-sensitive TB     INH-resistant     Multi-drug resistant  
 Other: \_\_\_\_\_

**Radiographic Testing**

Your patient had a chest x-ray performed on \_\_\_\_\_ with the following results:

- Normal/clear  
 Abnormal consistent with TB: \_\_\_\_\_     Cavitory lesions  
 Abnormal not consistent with TB: \_\_\_\_\_  
 Other imaging: \_\_\_\_\_

**TB Treatment Outcome**

Your patient was

- started on OR     completed treatment on **[Date]** with the following regimen:  
 isoniazid (H), rifampin (R), ethambutol (E), and pyrazinamide (Z)  
 HREZ x 2 months, HR x 4 months     HREZ x 2 months, HR x 6 months     REZ x 9 months  
 Other regimen: \_\_\_\_\_  
 Medications are being held due to: \_\_\_\_\_

Please note that patients with smear-positive pulmonary TB should wear a mask to all appointments until sputum smear results are negative.

Please do not hesitate to contact us if you have any questions.

**Contact Information**

**[Name:]**

**[Phone Number:]**

**[Email:]**

\_\_\_\_\_  
Signature/MD Name

\_\_\_\_\_  
Date