

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: o Positive o 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