

City and County of San Francisco

Department of Public Health

Population Health Division



**London Breed
Mayor**

Tuberculosis Control Unit

Chris Keh, MD – Director

**Disease Prevention and Control
Branch**

Sample NO SHOW LETTER/English

Date

First name, Last name

Address

City, State, Zip

Dear First Name,

You recently began taking the antibiotic (isoniazid, rifampin, isoniazid and rifampin, rifabutin, isoniazid and rifapentine) for treatment of tuberculosis infection. You are taking this medication to keep you from developing active tuberculosis disease. You missed your appointment to _____ on _____ (date). It is very important that you take the medication without missing doses.

Please call _____ Clinic at (415) ____ - ____ between the hours of (8:30 am and 5:30 pm, Monday through Friday so that we can reschedule your appointment to pick up your medication. We also need to know if you are having any problems with your medication or with the times of your appointments so we can help you out if needed. Thank you.

Sincerely,

Nurse

_____ Clinic