

**City and County of San Francisco**

**Department of Public Health**

**Population Health Division**



**Edwin M. Lee  
Mayor**

**Tuberculosis Control Unit**

**Julie Higashi, MD, PhD – 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