

TB SKIN TEST & CHEST X-RAY

FAX TO: _____ **DATE:** _____

PATIENT: _____ **DOB:** _____

Dear Dr. _____

We are contemplating the initiation of a biologic agent to treat this patient's arthritis. As you may be aware, biologic agents are associated with an increased risk of reactivating dormant tuberculosis. Therefore, as a standard of care we require a Tb skin test and a CXR prior to starting the biologic.

I would kindly ask that you perform a Tb skin test, **report the actual millimeters of induration**, and fax this back to our office. Your patient will also require a chest x-ray. **The patient has been told to contact your office and arrange an appointment.**

NOTE: HIGHER RISK PATIENTS REQUIRE A TWO-STEP TB SKIN TEST. PLEASE DO THE FIRST AND THEN 1-2 WEEKS FOLLOWING DO THE SECOND STEP.

REQ'D	TEST	DATES PERFORMED	RESULTS	
<input type="checkbox"/> YES <input type="checkbox"/> NO	One Step TB SKIN TEST	Date Performed:	Date Read:	Induration: _____ mm
<input type="checkbox"/> YES <input type="checkbox"/> NO	Two Step TB SKIN TEST	Date Performed:	Date Read:	Induration: _____ mm
<input type="checkbox"/> YES <input type="checkbox"/> NO	CHEST X-RAY	Date Performed:	Result:	