

# Doctor's Request Form for SIBO Breath Test

**[PLEASE FILL OUT THE FORM BELOW OR SEND A REQUEST ON YOUR PRESCRIPTION PAPER]**

I, Dr. \_\_\_\_\_, approve patient

\_\_\_\_\_ with date of birth \_\_\_\_\_ to complete a SIBO Breath Test with Los Angeles Integrative Gastroenterology and Nutrition. The kit includes Lactulose (for other sugars, please contact our office by email or **310-289-8000**). The service includes measurement of Hydrogen, Methane & CO2 gasses + physician interpretation and reporting.

The SIBO Breath Test results to be given to the patient in addition to my office:  YES  NO

**Please specify:**

<input type="checkbox"/> Results to be Faxed to #:
<input type="checkbox"/> Results to be Emailed to me as an encrypted link:

**Please answer the following question about the patient:**

Does the patient have any Allergies including food colorings?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please list all:	

Doctor's handwritten Signature	
Physician's NPI # or License #:	
Date:	

Please send back by: **FAX #: (310) 203- 4592**

**Email: PacificSIBOanalysis@LAIntegrativeGI.com**