

# Order Your Own SIBO Breath Test Form

## Cost

Lactulose SIBO Breath Test, Home Kit	\$299.00
Medical Screening	\$85.00
Shipping & Handling	\$7.50
Return Label, Stamp + Tracking	\$7.50
<b>TOTAL</b>	<b>\$399.00</b>

## Patient Information

First Name:	
Middle Name:	
Last Name:	
Date of Birth: MM/DD/YYYY	
Phone Number:	
Email Address:	

## Terms and Conditions/ Disclosures & Disclaimers Binding Agreement

*Please read the terms below:*

- 1- A doctor is not ordering my SIBO Breath Test but I agree to consult with a healthcare professional upon receiving the results.
- 2- This agreement does not create a doctor-patient relationship between you and our practice.
- 3- I understand that I am only ordering a kit and this service is not a consulting service.
- 4- A medical screening is required as shown below.

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5- Please note that filling out this form does not guarantee that a SIBO Breath Test will be provided to you.

6- We will notify you about the decision without explanation in one of the following manners:

- a) We provide you the SIBO Breath Test Kit
- b) We are unable to provide you the SIBO Breath Test Kit
  - i) A physician's prescription is required

7- We may contact you if we have any further questions.

8- We do not provide any treatment or counseling unless you have become an established patient of our practice. To become an established patient of our practice, you need to request an appointment online through our website <https://www.lainegrativegi.com/appointments/>

9- The standard sugar that we use in our practice is low absorption prescription Lactulose. This practice is consistent with most experts' recommendations. Other possible sugars include: glucose and fructose, which we use case by case and requires special handling.

10- A negative result of the SIBO Breath Test does not entirely rule out the possibility of SIBO. A positive result of the SIBO Breath Test also requires correlation with the clinical picture.

## 11- Results Reporting

*I approve the SIBO Breath Test results to be given to me via* **Please specify:**

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

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## 12- Screening

<p>Do you have a current treating physician?</p> <p>_____ YES    _____ NO</p>	<p><i>Name of the Healthcare Provider:</i></p> <p><i>Phone number:</i></p> <p><i>Fax number:</i></p> <p><i>Address:</i></p>
<p>Have you ever completed a SIBO Breath Test in the past?</p>	<p>_____ NO</p> <p>_____ YES</p> <p>If yes, when? _____</p> <p>If yes, what sugar was used? _____</p>
<p>What is the reason you want to complete a SIBO Breath Test?</p>	<p>Please state Reason:</p>
<p>Do you have any allergies including to food colorings?</p>	<p>_____ NO</p> <p>_____ YES</p> <p>If yes, please list all:</p>

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What are your symptoms?	Please list symptoms:
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What are your current medications?	Please list all:
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**By signing below you have read and agreed to all the terms**

Patient's Signature	
Date:	