



SIBO TEST ORDER FORM

PLEASE FAX TO: 425-310-8166

Phone: 425-256-2125

www.insidehealthinstitute.org

info@insidehealthinstitute.org

Test to be ordered: Please Check one

Lactulose Breath Test Only (10 breath samples for methane and hydrogen) ~ \$180.00 (patient fee for take-home testing)

Lactulose Breath Test + brief consultation with Dr. Bowen to review results with patient ~ \$320.00

Patient Name: _____ **Date of Birth:** _____

Phone Number: _____ **E-Mail:** _____

Diagnosis Codes (ICD-10): _____

Ordering Physician's Name: _____

Ordering Physician's Signature _____

Professional Designation (Circle one) ND MD DO ARNP PA Other: _____

Ordering Physician's Address: _____

Phone: _____ **Fax:** _____

E-Mail: _____

How would you like to receive the test results? Phone Fax Other: _____

Share Results with Patient? YES NO

Your patient will be contacted to pick up a take-home SIBO Test kit as soon as possible.

Please note that patients who lack financial resources may apply for charitable assistance when funds are available. In ordering this test through us, you are supporting the charitable services provided by our nonprofit, local, holistic health clinic and we thank you!!



Phone: 425-256-2125 _ FAX: 425-310-816
www.insidehealthinstitute.org
info@insidehealthinstitute.org

Preparation Guidelines for the SIBO Breath Test

Strict compliance to the preparatory diet and guidelines is required to ensure the most accurate and reliable results. Any questions related to preparation should be discussed with the medical provider ordering your SIBO Breath Test.

2 WEEKS BEFORE YOUR TEST: Finish taking any antibiotics or antifungals (except those who are re-testing following SIBO treatment). Those who are retesting following SIBO treatment should follow their provider's advice on the recommended time to retest. Do not undergo colonoscopy, barium enemas, or colonics during this time. Wait at least 14 days before beginning your breath test if you have had runny diarrhea.

4 DAYS BEFORE YOUR TEST: Avoid all laxatives. This includes (high dose) vitamin C and magnesium that is being taken specifically to induce a laxative effect.

24 HOURS BEFORE YOUR TEST - BEGIN PREP DIET

Phase I: 12 hours of preparation diet

(Please note that some providers increase the length of the prep diet. Follow your provider's instructions, if that is the case.)

The following list of foods are the ONLY acceptable foods for the preparatory diet - if it is not on this list, DO NOT eat it:

- Baked or broiled meat, fish/seafood, poultry (salt and pepper only)
- Plain, steamed white rice (if you are on a grain free diet, do not consume rice)
- Eggs
- Clear meat broth (no bouillon, bone/cartilage, or vegetable broth)
- Fats/oils (e.g., coconut/olive/vegetable oil, butter, or lard)
- Weak black coffee and/or weak black tea (plain, no sweeteners or cream, NO Green tea or herbal teas)
- Plain water, i.e. no mineral water

AVOID the following:

- Avoid all non-essential medications and supplements including probiotics during the prep diet. If you have questions about what may be 'non-essential' vs. 'essential,' consult with your provider.



Phone: 425-256-2125 FAX: 425-310-816

www.insidehealthinstitute.org

info@insidehealthinstitute.org

- Avoid all high-fiber and lactose-containing foods: all vegetables, all fruits, all nuts and seeds (including nut milks), all beans, all grains (except white rice but only if your diet normally includes white rice), all condiments, and all spices and herbs (except salt and pepper).

PHASE II: 12 hours of fasting prior to the test.

12 HOURS BEFORE YOUR TEST: Begin fasting (diabetic and pregnant patients should consult with their provider prior to fasting to ensure this diet is recommended). Avoid all food and drinks (except plain water).

THE DAY OF YOUR TEST: Wake up at least 1 hour prior to beginning collection. You may brush your teeth as normal. It is ok to drink plain water. No smoking, including second-hand smoke, for at least one hour before or at any time during the breath test. No sleeping or vigorous exercise for at least 1 hour before or at any time during the breath test.

ADMINISTERING YOUR TEST: Read the instructions provided in the kit. Please note that the grey sheath covering the needle is a safety feature – DO NOT REMOVE. Please note that it is ok to drink plain water during the test.

Please keep track of your tube collection timing as well as please note any symptoms you have during the test on the **SIBO Test Tracking Sheet** and include this sheet with your completed test tubes.

RETURN the completed SIBO Breath Test Kit to the IHI office within 7 days of completing the test.

IHI address: 10614 Beardslee Blvd. Suite C Bothell, WA 98011

SIBO Test Tracking Sheet

Please use this sheet to organize the timing of your collection tubes and also to record any symptoms you experience during the test collection process.

Please include this sheet with your kit when you return it to us for processing.

Name _____ Date of Birth _____

Address _____ Phone _____

Date of Collection _____

Collection Tube	Time Collected	Symptoms or Comments
Baseline: Tube # 0: Collect before drinking solution		
Tube # 1: Collect 20 minutes after drinking solution		
Tube # 2: Collect 40 minutes after drinking solution		
Tube # 3: Collect 60 minutes after drinking solution		
Tube # 4: Collect 80 minutes after drinking solution		
Tube # 5: Collect 100 minutes after drinking solution		
Tube # 6: Collect 120 minutes after drinking solution		
Tube # 7: Collect 140 minutes after drinking solution		
Tube # 8: Collect 160 minutes after drinking solution		
Tube # 9: Collect 180 minutes after drinking solution		