

Referral Form

To ensure the accuracy of the breath test, the following pre-test instructions MUST be followed:

4 WEEKS PRIOR TO THE TEST:

- Stop all antibiotics (ensure this is done in consultation with your doctor)
- Do not have a colonoscopy or barium enema procedure

DAY PRIOR TO EACH TEST:

- | | |
|---|---|
| • No Milk & Dairy Products (Lactose-free milk, soy/rice/almond/coconut milk are OK) | • No Honey |
| • No Canned or Dried Fruit | • Avoid high fibre foods such as beans, oats and corn |
| • No Fruit Juices or soft drinks | • No fibre Supplements |
| | • No Laxatives |

DAY OF TEST:

- Do not brush your teeth
- Fast for a minimum of 6 hours prior to the test
- Do not smoke for 2 hours prior to the test

DURING THE TEST:

- NO eating, drinking (except for plain water), chewing gum, eating mints/ candy, smoking, sleeping or exercising during the test.

**PLEASE TICK ALL THAT APPLY
(See Website for further information)**

- ☐ **Lactulose** (*mandatory control test*)
- ☐ **Lactose** (dairy product)
- ☐ **Fructose** (fruits, honey, onions)
- ☐ **Glucose** (small intestinal bacterial overgrowth SIBO)
- ☐ **Sorbitol** (sweetener, fruits)
- ☐ **Manitol** (vegetarians, sugar substitutes)
- ☐ **Fructan** (wheat product, gluten, onion..)
- ☐ **Sucrose** (processed food, some fruits)

* Each test must be tested on a separate day, with a minimum gap between testing of 2 days to allow the gut to return to normal.

* If you are diabetic requiring insulin or diabetes medication, ask your doctor if you should change your morning dose.

Please consult with your GP before discontinuing any prescribed medications.

Patient Name:

D.O.B.:..... Tel:

Referring Doctor

Name: Dr.....

Address:

.....

Tel. Fax: