



HELICOBACTER PYLORI (h.pylori) BREATH TEST REQUEST

DATE OF REQUEST:

REFERRED BY:

PATIENT NAME:

JHH HN:

PROCEDURE DATE:

PROCEDURE TIME:

INDICATION(S): Check all that apply:

- NAUSEA
- DYSPEPSIA
- ABDOMINAL PAIN
- BLOATING
- ESOPH. REFLUX
- BELCHING
- S/P TX OF H.PYLORI GASTRITIS
- ABNORMAL EGD
- ERADICATION

OTHER:

STOP FOR 2 WEEKS: Common Brand Names

PROTON PUMP INHIBITORS (PPI)

- Dexilant Nexium Prevacid
- Prilosec OTC , Zegerid OTC
- Protonix AcipHex

H2 BLOCKERS

- Equaline
- Tagamet
- PEPCID TUMS Dual Action

Axid Zantac

BISMUTH PREPARATIONS

- Kaopectate
- Maalox Total Relief
- Pepto-Bismol

ANTACIDS OKAY except Maalox Total Relief
No allergy to ASPARTAME

FAX REQUEST TO : 443.287.9359 SCAN THIS FORM TO AX (EPR) BEFORE SCHEDULING



OTHER INSTRUCTIONS FOR PATIENT:

FAST FOR 1 HOUR BEFORE PROCEDURE

REPORT 15-30 MINUTES AT:

**Green Spring Station
2360 West Joppa Road
Joppa Concourse Suite 205
Lutherville, MD 21093
410.616.7350**

ELLEN STEIN MD . ERIC TOMAKIN RN BSN
Green Spring Station GI Lab & Motility Center