

**CARBON 14 UREA BREATH TEST REQUISITION
FOR DETECTION OF H. PLYORI BACTERIA**

Fax Requests to:
Phone: (519) 254-1727 Fax: (519) 255-2125

INCOMPLETE REQUESTS WILL BE RETURNED—Resulting in Delay or Cancellation of the Procedure.

Patient Information (Please Print)

Name: _____ Date of Birth (D/M/Y): _____ Sex: M F
Address: _____ WSIB: _____ Patient's Weight: _____ lbs _____ Kgs
Primary Contact # () _____ Secondary # () _____ Patient's Height: _____ ft _____ in
Health Card #: _____ Version _____ Patient arriving from external healthcare facility: Y N

PHYSICIAN OFFICE TO COMPLETE:

Diagnosis: _____

Has patient been off ALL antibiotics for the last 31 days? Y N

Has the patient taken any Bismuth (Pepto Bismol) in the last 31 days? Y N

Has the patient taken any of the medications listed below in the last 14 days? Please check below:

Brand Name

- Losec
- Prevacid
- Pantoloc or Tecta
- Nexium
- Pariet
- Dexilant
- Vimovo (naproxen/esomeprazole/magnesium)
- Sulcrate

Generic Name

- Omeprazole
- Lansoprazole
- Pantoprazole
- Esomeprazole Magnesium
- Rabeprazole
- Deslansoprazole
- Vimovo
- Sulcrafate

NOTE: When you stop taking any of the above medications, **you are allowed to take the following medications instead:**
H2 Blockers (Tagamet, Zantac) Diovol, Domperidone, Axid, Gaviscon, Pepcid, Rolaids, Maalox, Tums, Mylanta, Gelusil or Famotidine.

PATIENT PREPARATIONS AND DIRECTIONS:

- Do not have anything to eat or drink for 6 hours before the test (this includes no food, candy, gum, water or any medication) until after the test is complete.
- You must be able to swallow a whole capsule - (the capsule is made of gelatin, sugar and starch. The gelatin is bovine based and contains NO soya or wheat).
- Bring a current list of your medications with you to the appointment.
- If you are unable to attend your appointment please notify us as soon as possible at (519) 254 -1727.

Print Referring Physician: _____ Fax Number: _____

Referring Physician Signature: _____

Physicians who require copy of report: _____

*****PLEASE PROVIDE COPY OF THIS REQUEST TO PATIENT FOR INSTRUCTIONS*****

APPOINTMENT DATE AND TIME:

DATE: _____ / _____ / _____ **TIME:** _____ **CAMPUS:** _____