



Name: _____ DOB: _____
Physician: _____

Your doctor has scheduled you for a Helicobacter pylori breath test to determine if you are infected with this bacterium.

Your test is set for _____

Testing will be conducted at: _____

If you have any questions regarding the following instructions, please call our office at (704) 377-4009 and request to speak to _____.

NOTE: If there is a possibility of pregnancy, please notify the above nurse.

Test Preparation:

4 weeks prior to test: Patients need to be OFF all antibiotics and/or bismuth-type medications. NOTE: Bismuth medications are Pepto-Bismol and all other generic forms.

Date to stop antibiotics/bismuth: _____

Date stopped antibiotics/bismuth: _____

2 weeks prior to test: Patients need to be off the following medications:

<u>Generic Name</u>	<u>US Brand Name</u>
omeprazole	Prilosec
lansoprazole	Prevacid
sucralfate	Carafate
pantoprazole	Protonix
esomeprazole magnesium	Nexium
	Zegerid
	AcipHex
	Dexilant

Date to stop: _____

Date stopped: _____

NOTE: You can continue to take H2 blockers such as Tagamet, Zantac, Axid and Pepcid and antacids such as Maalox, Roloids, Tums, Mylanta and Gelusic.

Day of Test: Patient may not eat or drink anything, smoke, chew tobacco or gum 1 hour prior to test.

It is critical you follow all of the above instructions for the Helicobacter pylori breath test to accurately determine if you are infected.

Please bring this form to your test.

RESULTS: _____ **Positive** _____ **Negative**