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## **H-Pylori Breath Test Prep Instructions**

Name:	DOB:	
Physician:		
Your doctor has scheduled you infected with this bacterium.  Your test is set for:	.,	·
Testing will be conducted at	:	
If you have any questions regar (480) 542-7000 and request to NOTE: If there is a possibility of	speak to	<u> </u>
Test Preparation:		
4 weeks prior to test: I medications. NOTE: Bis Date to stop antibiotics/	Patients need to be OFF all arsmuth medications are Pepto-Ebismuth:	Bismol and all other generic forms.
2 weeks prior to test: Patients	need to be off the following m	nedications:
Generic Name	US Brand Name	
Omeprazole	Prilosec	
Lansoprazole	Prevacid	
Sucralfate	Carafate	
Pantoprazole	Protonix	
Esomeprazole Magnesium	Nexium	
	Zegerid	
	AcipHex	
	Dexilant	
Date to stop:		
Date stopped:		
<b>NOTE:</b> You can continue to tak antacids such as Maalox, Rolai	_	et, Zantac, Axid and Pepcid and ic.
	l of the above instructions for t	hew tobacco or gum 1 hour prior the Helicobacter pylori breath test form to your test.
Results:	Positive	Negative