Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Hôpital Hotel Dieu Hospital

Hôpital Général de Kingston General Hospital

Hotel Dieu Hospital
GI Function Testing Unit
Breath Tests & Fecal Fat Requisition

Telephone: 613-544-3400 Ext 2417
Fax: 613-544-4137
Internet: www.hoteldieu.com

Referring Physician: _____ **Family Physician:** _____

Date Ordered: _____ **Appointment Date:** _____
YYYY/MM/DD YYYY/MM/DD

☐ **13C UREA BREATH TEST** (for H.pylori)

☐ **LACTOSE HYDROGEN BREATH TEST / HYDROGEN BREATH TEST**

☐ **GLUCOSE HYDROGEN BREATH TEST** - Bacterial Overgrowth

☐ **FECAL FAT – 72 HOUR**

☐ **FECAL WEIGHT -** ☐ 48 Hour Collection
☐ 72 Hour Collection

SIGNATURE (Referring Physician)	PRINTED NAME	DATE (YYYY/MM/DD)
REFERRING PHYSICIAN ADDRESS	TELEPHONE #	FAX #

FAX Referral to the GI Function Testing Unit – Fax #613-544-4137

Please notify patients that they will:

1. Be contacted by the Hospital with the appointment date and time
2. Need to bring their health card with them.