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## SIBO Lactulose Breath Test Requisition Form

### Provider Information

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Credentials/Degree Designation: \_\_\_\_\_

License Number: \_\_\_\_\_ NPI: \_\_\_\_\_

### Patient Information

Patient Name: \_\_\_\_\_ DOB (month/day/year): \_\_\_\_\_

Patient Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Shipping Information

Ship to:  Patient Address  Clinic/Provider Address

### Billing Information

 Patient Pay  Provider Pay  Contact Patient for Payment

Name of Person Responsible for Charges: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip code: \_\_\_\_\_

Total Charge Amount: **\*\$34 + \$199 + Tax + shipping if any.** Payer Signature: \_\_\_\_\_

\* Payment is processed before test-kit is shipped. Results are guaranteed 7 days after receiving returned test kit.

### Results Reporting

E-mail Results To: \_\_\_\_\_ Fax Results To: \_\_\_\_\_

By signing below, the requesting provider is attesting to the truthfulness of the statements and information provided above. Lactulose is a FDA controlled legend drug requiring a prescription from a licensed healthcare provider with prescribing authority. By signing below, you certify a valid prescription of the lactulose included in the testing kit for your patient.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* pricing as of 05/03/2023:**  
**SIBO kit \$34.00 + taxes**  
**SIBO testing \$199.00 + taxes**  
**Shipping costs are separate**