



SIBO Testing Center
 2115 NE Halsey Street
 Portland, OR 97232
 Phone: 503-234-2037
 Fax: 503-207-6212

**FAX COMPLETED FORM TO
 503-207-6212**

Date: _____

Patient Information:

Order: SIBO Lactulose Breath Test

 Last Name First Name

DOB: __/__/____ Gender M F Other _____

ICD 10 code(s):

 Patient Phone

Provider Information:

 Provider's Signature

 Provider's Printed Name

Credentials (Circle):
 ND MD DO NP PA Other: _____

Phone: _____

Fax: _____

Email: _____

- SIBO Test results will be faxed or emailed to the attending physician using the provided information.
- Providers with multiple practice locations indicate to which location results should be sent:

- Need to update your information? Please update here or contact us directly.

Payment:

- Visit sibotestingcenter.com/payment to pay for your SIBO Testing Kit.
- After payment has been received the testing kit will be mailed directly to the patient unless in house testing. Free shipping for all US orders.

Results:

- All test kits issued in the US include a return label for shipping the completed kit.
- Test results will be sent directly to the ordering provider within 1 week after the SIBO Testing Center receives the completed kit.

Test Kit Return Policy:

SIBO Test Kits maybe be returned under the following conditions:

- Test kit must be unopened and returned within 60 days of purchase.
- A \$25 restocking fee applies to all returned kits. Expired and/or unusable kits are subject to an additional \$65 materials fee.

Detach for patient

Visit sibotestingcenter.com/payment to pay for your test kit.

Your kit will be shipped upon receipt of payment.