



1817 N. Mills Ave.
Orlando FL. 32803
407-896-1726

BREATH TEST – Lactulose w/ Rx

PROCEDURE LOCATION: 1817 N Mills Ave., Orlando, FL 32803

DATE _____ TIME _____

*******PLAN TO BE HERE FOR 3 HOURS*******

The breath test is a diagnostic tool we use to help determine if certain conditions or diseases are affecting your intestinal tract. By capturing your breath and analyzing the gases contained in it, we can check for some very specific conditions so we can then begin treating you appropriately.



10 days before your test: Discontinue antibiotics and Probiotics at least

2 days before your test : Do NOT take ANY laxatives

12 HOURS BEFORE YOUR TEST CONSUME ONLY WATER



1 Day before your test: pick up your Lactulose prescription from your pharmacy

THE DAY BEFORE YOUR TEST, PLEASE LIMIT YOUR DIET

A low-residue diet that minimizes nonabsorbable carbohydrates (starches and sugars) is strongly recommended.

Examples of foods that you CAN eat:

- Baked or broiled chicken, fish or turkey (salt & pepper only)
- White bread only
- Plain steamed white rice
- Eggs
- Clear chicken or beef broth
- Water
- Non-flavored black coffee or tea

Examples of foods to AVOID:

- Pasta, whole grain products, bran, high fiber cereals, granola
- Fruit juices, applesauce, apricots, bananas, cantaloupe, canned fruit cocktail, grapes, honeydew melon, peaches, watermelon. Raw and dried fruits like raisins and berries.
- Vegetable juices, potatoes, beets, green/yellow beans, carrots, celery, cucumber, lettuce, mushrooms, squash, zucchini, broccoli, cauliflower, cabbage, beans, lentils, corn.
- All nuts, seeds and beans, as well as foods that may contain seeds
- Milk, cheese, ice cream, yogurt butter

**12 HOURS BEFORE YOUR TEST
CONSUME ONLY WATER**

THE DAY OF YOUR TEST

- Medications (except antibiotics) may be taken with water 6 hours before the test. Please call if unsure
- Do **NOT** smoke at least one (1) hour before the test
- **1 HOUR PRIOR TO YOUR TEST: DRINK your lactulose solution**

DURING YOUR TEST

- No eating or drinking anything at all during the breath test
- Do **NOT** sleep or exercise vigorously 1/2 hour before or anytime during the test
- *******PLAN TO BE HERE FOR 3 HOURS*******

Patient Signature _____ Date _____