



Religious Hospitallers
of Saint Joseph
of the Hotel Dieu of Kingston
HOTEL DIEU HOSPITAL

GI Function Testing Unit Breath Test & Fecal Fat Requisition

Telephone: 613-544-3400 Ext. 2417
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
**Not applicable for Diabetic patients*

*** Lactulose Hydrogen Breath Test not available at this time. Please make enquiries to extension 2417.**

- 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.