BREATH TEST

SAMPLE COLLECTION KIT ORDER FORM

PROVIDER NOTE: *PLEASE SEND THIS COMPLETED FORM BY FAX (888) 258-5973 OR EMAIL INFO@COMMDX.COM*

Order Information

Provider Name *(REQUIRED TO PROCESS)* NPI #

Provider Signature* *(REQUIRED TO PROCESS)* Date

Address City State Zip

Practice Name Phone

Email Fax

Please send results via: ☐ Fax ☐ Email ☐ Web Portal

Sample Collection Kit

Kit	Quantity
☐ SIBO 10 Tube Lactulose	______
☐ SIBO 10 Tube Glucose	______
☐ SIBO 6 Tube Lactulose (pediatric use)	______
☐ Sucrose 6 Tube	______
☐ Lactose 6 Tube	______
☐ Fructose 6 Tube	______

ICD-10 Code *(REQUIRED WHEN SHIPPING DIRECTLY TO PATIENT)*

☐ R10.84 Generalized abdominal pain
☐ R14.0 Abdominal distension (gaseous)
☐ R19.7 Diarrhea, unspecified
☐ K59.0 Constipation
☐ K58.0 Irritable bowel syndrome with diarrhea
☐ A04.9 Bacterial intestinal infection, unspecified
☐ ______________________
Other

*By signing this order form, the ordering practice represents that it has the appropriate prescribing rights to order the tests selected on this form.

☐ PLEASE CHECK THIS BOX WHEN SHIPPING DIRECTLY TO A PATIENT

Patient Shipping Information

First Name Last Name Date of Birth

Full Address Apt. # City State Zip

Phone # Email

Practice ID: ______________

Sales Rep: ______________