

Referral for Testing

8 Hearts Health & Wellness
5331 SW Macadam Ave Ste 380
Portland, OR 97239
Office: (503) 894-9118
Fax: (503) 894-7398



Referring Physician: _____ Physician's Signature: _____

Physician Phone: _____ Physician Fax: _____ Clinic Name: _____

Do you authorize results to be released directly to this Patient? YES NO

IN-OFFICE BREATH TESTING ONLY: Baseline Hydrogen levels > 14ppm can be indicative of improper prep and may produce unreliable samples for the entire test. If baseline Hydrogen is elevated, do you want your patient to continue the test? YES NO

ICD-10 Code(s): _____

Patient Name: _____ Date of Birth: _____

Patient Address: _____

Patient Ph: _____ Email: _____

Testing Requested:

Lactulose Bacterial Overgrowth (SIBO Breath Test)

Heidelberg pH Test

Service Type Requested:

At-Home Testing Kit (BREATH TESTING ONLY)
\$183.25 (includes shipping to patient)

In-Office (BREATH TESTING **-OR-** HEIDELBERG)
\$209 \$350

Results: For In-Office Testing, results are immediate and can be made available to the referring provider within 1-2 business days. For At-Home Testing, please allow us 2-3 business days once we receive the kit back in office.

Payment: Due upon check-in for In-Office Testing. Please call the office for payment to have your Home Kit shipped.

Preparation: Upon scheduling, you will receive information for recommended test preparation. Be advised that improper preparation may result in unreliable data for your physician.

Additional requests/comments/information regarding patient care:

***If Paying by credit card, Fill Out Below**

 MasterCard <input type="checkbox"/>	 Visa <input type="checkbox"/>	Other <input type="checkbox"/>
Card Number		Exp Date
Signature		