



Sucrose Intolerance

Genetic Sucrase-Isomaltase Deficiency

Order Form Complete

Here's What To Do Next

- 1.** Print or Save this PDF file
- 2.** Take the printed copy to your healthcare provider or email the PDF file to them
- 3.** Talk to your healthcare provider about whether or not a **Sucrose Breath Test** is right for you
- 4.** If your healthcare provider decides **Sucrose Breath Test** is right for you, ask them to complete the order form on page 2

HEALTHCARE PROVIDERS

If you determine a Sucrose Breath Test is right for your patient, please verify the information entered by the patient below before filling out the rest of the form and faxing it to the number provided. To learn more or contact us, visit Aerodiagnostics.com/Sucrose or call us any time at 1-617-608-3832.

Lab Test Requisition

Sucrose Breath Test

1. Healthcare Provider Information

Clinician information:

Doctor or healthcare provider must fill out this information.

First:

Last:

NPI#:

IMPORTANT:

ONLY A HEALTHCARE PROVIDER CAN ORDER THIS TEST

Office Phone:

Office Fax:

Address:

City:

State:

Zip:

Signature:

Date:

THIS TEST IS **NO COST** TO THE PATIENT

2. Patient Information

Patient information:

Patient must fill out this information

First:

Last:

Date of Birth: Gender (Optional):

Home Phone:

Cell Phone: Work Phone:

Email:

Address:

City: State:

Zip: