

Mid-America
Gastro-Intestinal
Consultants, P.C.

Mark J. Allen, MD ~ Hillary L. Bownik, MD

Sakher M. Albadarin, MD ~ Charles McMahon, MD

Sandra A. Hoover, APRN, BC ~ Stephanie Justin, APRN, FNP-BC

Lactose Intolerance Breath Test

We have scheduled you for a breath test on _____ at
_____am/pm.

YOUR PREP INSTRUCTIONS ARE AS FOLLOWS:

1. Nothing to eat or drink for 12 hours before the test. Avoid slow digesting foods the day before the test such as beans, some vegetables, and coarse breads.
2. Do not take any medicines for 12 hours before the test.
3. If you are a diabetic please bring your medications with you.
4. No smoking, sleeping or vigorous exercises 30 minutes before or during the test.
5. No Antibiotics 2 weeks prior to testing.
6. You will not require a driver for this test. We encourage you to come by yourself, as you will need to sit quietly during the test. Space is limited.
7. Plan to be here for 3 ½ hours. You may bring something to read, a laptop, or a tablet.

If you have any questions regarding your prep instructions, procedure or payment, please do not hesitate to call our office at (816) 561-2000.