

Hydrogen Breath Test

Name:	
Age:	Gender:
Patient ID:	
Address:	
Email:	Phone:

Test Information

Date and Time of Test:
Fasting Status:
Recent Antibiotic Usage (Yes/No):
Medications Taken (if any):

Test Procedure

Baseline Breath Sample Time
Baseline Hydrogen PPM
Baseline Methane PPM
Substance Administered and Dosage

Post-Administration Readings (Take every 30 minutes for 2-3 hours)

Time of Reading:	Time of Reading:
Hydrogen PPM Reading:	Hydrogen PPM Reading:
Methane PPM Reading:	Methane PPM Reading:

Time of Reading:	Time of Reading:
Hydrogen PPM Reading:	Hydrogen PPM Reading:
Methane PPM Reading:	Methane PPM Reading:
Time of Reading:	Time of Reading:
Hydrogen PPM Reading:	Hydrogen PPM Reading:
Methane PPM Reading:	Methane PPM Reading:

Test Conclusion
Final Assessment
Additional Notes
Recommendations/Follow-up

Physician/Technician Information	
Name	License
Signature	Phone Number
	Email