



Center for SIBO Testing
 a subsidiary of Cascade Integrative Medicine
 450 NW Gilman Blvd, Ste 201
 Issaquah, WA 98027
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CENTER FOR SIBO TESTING - LABORATORY REQUISITION

IMPORTANT: ALL SECTIONS MUST BE COMPLETED TO AVOID DELAYS IN PROCESSING

BREATH TEST	SUBSTRATE	
	LACTULOSE <input checked="" type="checkbox"/>	GLUCOSE <input type="checkbox"/>

SELF-PAY (YES/NO)	If patient is NOT self-pay, all sections below must be completed. If the patient does not have secondary insurance, indicate "N/A" in the "MEMBER ID" field under "Secondary Insurance Information"
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ORDERING PHYSICIAN	
ORDERING PHYSICIAN	
CLINIC STREET ADDRESS	
CLINIC CITY, STATE, ZIP	
PHYSICIAN SIGNATURE	ORDER DATE
ICD-10 DIAGNOSIS CODE(S)	

PRIMARY INSURANCE INFORMATION	
PRIMARY INSURANCE CARRIER	
MEMBER ID	GROUP ID
EFFECTIVE FROM	RELATION TO INSURED (SELF, CHILD, SPOUSE, OTHER)
SUBSCRIBER LAST NAME	SUBSCRIBER FIRST NAME
SUBSCRIBER SEX (M/F)	SUBSCRIBER DATE OF BIRTH
SUBSCRIBER ADDRESS	

PATIENT DEMOGRAPHICS		
LAST NAME	FIRST NAME	M.I.
SEX (M/F)	DATE OF BIRTH	
PATIENT STREET ADDRESS		
PATIENT CITY, STATE, ZIP		
PATIENT PHONE #	PATIENT EMAIL	

SECONDARY INSURANCE INFORMATION	
SECONDARY INSURANCE CARRIER	
MEMBER ID	GROUP ID
EFFECTIVE FROM	RELATION TO INSURED (SELF, CHILD, SPOUSE, OTHER)
SUBSCRIBER LAST NAME	SUBSCRIBER FIRST NAME
SUBSCRIBER SEX (M/F)	SUBSCRIBER DATE OF BIRTH
SUBSCRIBER ADDRESS	