



Micro Direct, Inc.
 803 Webster Street
 Lewiston, ME 04240
 (800) 588-3381
 (207) 786-7280 FAX
 www.mdspiro.com

Exhaled Hydrogen Test Results

Date: _____

Patient Name: _____ ID Number: _____

Age: _____ Weight: _____ Height: _____

Patient History: _____

Recent Symptoms: _____

Current Status: Smoking: _____ Fasting _____ hours Exercise: _____

Positive Change Target: _____

Test Results:		Note symptoms (if any) after breath
Baseline	_____ PPM H ₂	_____
30 min post	_____ PPM H ₂	_____
60 min post	_____ PPM H ₂	_____
90 min post	_____ PPM H ₂	_____
120 min post	_____ PPM H ₂	_____
150 min post	_____ PPM H ₂	_____
180 min post	_____ PPM H ₂	_____

Patient Symptoms: _____

Diagnosis: _____

Physician: _____ Test Technician: _____