

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date: [Current Date]

Subject: Your H. Pylori Breath Test Results and Treatment Plan

Dear [Patient Name],

The results of your recent Urea Breath Test indicate that you have tested **positive** for *Helicobacter pylori* (H. pylori). This is a common bacterial infection in the stomach that can cause inflammation, discomfort, or ulcers if left untreated.

Your Treatment Plan

To clear this infection, you have been prescribed a combination of medications, often referred to as "Triple" or "Quadruple" therapy. It is essential to complete the full course of medicine, even if you begin to feel better.

- **Antibiotic 1:** [Name/Dosage] - Take [Frequency] for [Number] days.
- **Antibiotic 2:** [Name/Dosage] - Take [Frequency] for [Number] days.
- **Acid Suppressor (PPI):** [Name/Dosage] - Take [Frequency] for [Number] days.
- **Other:** [Optional - e.g., Bismuth] - Take [Frequency] for [Number] days.

Important Instructions

- Finish all medications as directed to prevent the bacteria from becoming resistant.
- Common side effects include a metallic taste in the mouth, diarrhea, or mild abdominal cramping. Contact us if you experience a severe rash or persistent vomiting.
- Avoid alcohol if you are taking Metronidazole, as it can cause severe nausea.

Follow-Up Requirement

You must be re-tested at least 4 weeks **after** finishing your treatment to ensure the bacteria is completely gone. Before the follow-up test:

- Stop all antibiotics at least 4 weeks before the test.
- Stop PPI medications (e.g., Omeprazole) at least 2 weeks before the test.

If you have any questions regarding your prescription, please contact our office at [Phone Number].

Sincerely,

[Doctor/Provider Name]

[Clinic Name]