

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Follow-up Breath Test for Helicobacter Pylori (H. pylori)

Dear [Patient Name],

Our records indicate that you have recently completed your antibiotic treatment for *Helicobacter pylori*. To ensure that the infection has been successfully cleared, it is necessary to perform a follow-up Urea Breath Test.

Testing Requirements:

- The test must be performed at least 4 weeks after completing your antibiotic and bismuth treatment.
- You must stop taking Proton Pump Inhibitors (PPIs) such as Omeprazole, Nexium, or Prevacid for at least 2 weeks prior to the test.
- You must be fasting (no food or water) for at least 1 hour before the procedure.

Action Required:

Please contact our office at [Phone Number] to schedule your appointment or to confirm that you have received your laboratory requisition form. This follow-up is essential to prevent the recurrence of ulcers or chronic gastritis.

If you have any questions regarding these instructions, please call our clinic.

Sincerely,

[Provider Name/Clinic Name]

[Department Name]