



BREATH TEST APPOINTMENT CONFIRMATION

Phoenix Children's Hospital
1919 E. Thomas Road
Main Building, First Floor Sweat/Draw Laboratory
Phoenix, Arizona 85016
Phone: 602-933-0314

You or your child, _____ have been scheduled for a _____ Breath Test on _____ at _____ AM PM.
Please check in at _____.

- Please follow the attached diet. It will be necessary to reschedule your appointment if this diet is not followed.
- Please plan to arrive at least 30 minutes before scheduled appointment time.
- If you are late for your appointment (more than 15 minutes), please plan to reschedule.
- Free parking is available in the Thomas Visitor Garage, at Thomas Road and Children's Way. Please refer to the map on the other side for directions.
- Enter through the main entrance and let them know you are here for a breath test. You will then be directed to Admitting to be registered.
- Testing will be done on the 1st floor of the Main Building on the campus of Phoenix Children's Hospital.
- After you have completed registration, proceed to the Laboratory Specialty Testing Office. When you leave admitting, you will be given directions to this location.

Your physician will provide preparation instructions for you. In addition, **please be aware that part of the test includes drinking a solution that may contain the following ingredients:**

- Lactose
- Phenylalanine
- Citric Acid

If you are aware of any sensitivity to the above, please notify your physician immediately.

Please contact us at least 24 hours prior to your scheduled appointment if you need to reschedule, 602-933-0314.

NOT PART OF THE MEDICAL RECORD