



BIOTRITION inc.

Food Intolerance Test - Patient Data Form

NAME: _____ HOME PHONE: () - _____
ADDRESS: _____ WORK PHONE: () - ext. _____
CITY,ST,ZIP: _____ DOB: _____ SEX: Female
DATE DRAWN: _____ DATE TESTED: _____ DATE REPORTED: _____
REFERRED BY: _____ PARENT or GUARDIAN: _____

IMPORTANT INFORMATION ABOUT YOUR TEST

TESTING PROCEDURE:

During In Vitro testing, food extracts are mixed individually with patient plasma containing white blood cells, platelets, and red blood cells. The mixture of plasma and food extracts is then observed under a microscope. Positive reaction to a specific food is characterized with changes in the morphology of blood cells (Neutrophils, lymphocytes, erythrocytes and platelets). In negative reactions these cells remain unaffected.

Positive reactions are classified into the following three different levels based on the extent of damage to blood cells caused by a particular food allergen.

REACTION LEVEL 1 = Weak Reaction

REACTION LEVEL 2 = Moderate Reaction

REACTION LEVEL 3 = Strong Reaction

PATIENT PREPARATION:

This test requires an eight hour fast. On the day **before** the test, eat no foods after dinner, drink only water and do not eat until **after** the test next morning. **Do not stop taking any prescribed medication.** Reschedule your test if you develop a cold, flu, or other infectious disease prior to your appointment.

List any items you are taking more than once a week such as vitamins, medicines, herbs, spices, etc.: _____

List your past and current health problems: _____

Remarks: _____

Food Intolerance Test Results

R. NANDAN, PH.D., DIRECTOR
BIOTRITION, INC.

3633 WEST LAKE AVENUE, SUITE 201A, GLENVIEW, IL 60026

PATIENT NAME: _____ DATE: _____
DOCTORS NAME: _____ DOB: _____ TECH: RN

PRECAUTIONS:

*THESE ITEMS ARE FOOD OR FOOD PRODUCTS MADE WITH THAT FOOD. THESE FOODS MAY SHOW SOME CROSS-REACTIVITY.

]FOODS THAT ARE LISTED ABOVE AND BELOW A PARENTHESIS BELONG TO THE SAME SUB-FAMILY. THESE FOODS MAY SHOW SOME CROSS-REACTIVITY.

FOOD NO.	FOOD NAME	REACTION NUMBER	FOOD NO.	FOOD NAME	REACTION NUMBER
1	OYSTER.....	---	34	PHEASANT.....	---
2	CLAM.....	---	35	PORK.....	---
3	SCALLOPS.....	---	36	BEEF.....	---
4	SHRIMP.....	---	37	COW'S MILK*.....]	---
5	LOBSTER.....	---	38	BUTTER*.....]	---
6	CRAB.....	---	39	COTTAGE CHEESE*.....]	---
7	SHARK.....	---	40	BLUE CHEESE*.....]	---
8	SARDINE.....	---	41	CHEDDAR CHEESE*.....]	---
9	SALMON.....	---	42	SWISS CHEESE*.....]	---
10	CATFISH.....	---	43	MOZZARELLA CHEESE*.....]	---
11	COD.....	---	44	PROVOLONE CHEESE*.....]	---
12	BASS.....	---	45	BUTTERMILK*.....]	---
13	TUNA.....	---	46	YOGURT*.....]	---
14	SWORDFISH.....	---	47	GOAT'S MILK.....	---
15	HALIBUT.....	---	48	LAMB.....	---
16	HADDOCK.....	---	49	FROG LEGS.....	---
17	SOLE.....	---	50	BARLEY.....	---
18	SEA PERCH.....	---	51	WHEAT.....]	---
19	LAKE PERCH.....	---	52	WHEAT BRAN.....]	---
20	CARP.....	---	53	RYE.....]	---
21	RED SNAPPER.....	---	54	OATS.....	---
22	SMELT.....	---	55	RICE.....	---
23	PIKE.....	---	56	MILLET.....	---
24	TROUT, LAKE.....	---	57	CANE SUGAR*.....	---
25	FLOUNDER.....	---	58	MOLASSES*.....	---
26	MACKEREL.....	---	59	HONEY.....	---
27	CAVIAR.....	---	60	CORN (MAIZE).....	---
28	HERRING.....	---	61	WATER CHESTNUTS.....	---
29	CHICKEN.....	---	62	COCONUT.....	---
30	CHICKEN EGG WHITE.....]	---	63	DATE.....	---
31	CHICKEN EGG YOLK.....]	---	64	PINEAPPLE.....	---
32	TURKEY.....	---	65	BANANA.....	---
33	DUCK.....	---	66	BLACKBERRY.....	---

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PATIENT NAME: _____ DATE: _____

FOOD NO.	FOOD NAME	REACTION NUMBER	FOOD NO.	FOOD NAME	REACTION NUMBER
67	STRAWBERRY.....]	---	108	RUTABAGA.....	---
68	RASPBERRY.....]	---	109	CARROT.....	---
69	RHUBARB.....	---	110	CELERY.....	---
70	APPLE.....	---	111	PARSNIP.....	---
71	PEAR.....]	---	112	CARAWAY.....	---
72	PLUM (PRUNE).....	---	113	ANISE SEED.....	---
73	ALMOND.....]	---	114	PARSLEY.....	---
74	PEACH.....]	---	115	DILLSEED.....	---
75	NECTARINE.....]	---	116	BLUEBERRIES.....	---
76	APRICOT.....	---	117	CRANBERRY.....	---
77	CHERRY.....	---	118	BAY LEAF.....	---
78	LEMON.....	---	119	POTATO.....	---
79	LIME.....	---	120	EGGPLANT.....	---
80	ORANGE.....	---	121	TOMATO.....	---
81	GRAPEFRUIT.....	---	122	OKRA.....	---
82	POMEGRANATE.....	---	123	OLIVE.....	---
83	CAROB.....	---	124	TOBACCO.....	---
84	LENTIL.....	---	125	CHILI PEPPER.....	---
85	SPLIT PEA.....]	---	126	PAPRIKA.....	---
86	PEANUT.....	---	127	GARDEN PEPPERS (BELL).....	---
87	KIDNEY BEAN.....	---	128	PIMIENTO.....	---
88	PINTO BEAN.....]	---	129	PEPPERMINT (SPEARMINT).....	---
89	STRING BEAN (GREEN).....]	---	130	BASIL.....	---
90	MUNG BEAN.....	---	131	MARJORAM.....	---
91	LIMA BEAN.....	---	132	OREGANO.....	---
92	BEAN SPROUTS.....	---	133	THYME.....	---
93	ALFALFA SPROUTS.....	---	134	ROSEMARY.....	---
94	PEA.....	---	135	SAGE.....	---
95	CHICK-PEA (GARBANZOS)....	---	136	YELLOW SWEET POTATO.....	---
96	BLACK-EYED PEA.....	---	137	MAROON SWEET POTATO(YAM)	---
97	SOYBEAN.....	---	138	CUCUMBER.....	---
98	KALE.....	---	139	SQUASH MIX.....	---
99	CABBAGE.....]	---	140	PUMPKIN.....	---
100	BRUSSELS SPROUTS.....]	---	141	CANTALOUPE.....	---
101	BROCCOLI.....]	---	142	HONEYDEW MELON.....	---
102	CAULIFLOWER.....]	---	143	WATERMELON.....	---
103	RADISH.....	---	144	LETTUCE.....	---
104	MUSTARD.....	---	145	ARTICHOKE.....	---
105	HORSERADISH.....	---	146	SUNFLOWER.....	---
106	TURNIP.....	---	147	SAFFLOWER SEED.....	---
107	WATERCRESS.....	---	148	ENDIVE.....	---

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PATIENT NAME: _____ DATE: _____

FOOD NO.	FOOD NAME	REACTION NUMBER	FOOD NO.	FOOD NAME	REACTION NUMBER
149	CHICORY.....	---	179	CASHEW.....	---
150	ASPARAGUS.....	---	180	PISTACHIO NUT.....	---
151	CHIVES.....	---	181	MANGO.....	---
152	ONION.....	---	182	MAPLE SUGAR.....	---
153	GARLIC.....	---	183	GRAPE.....	---
154	MUSHROOM.....	---	184	COTTON SEED OIL.....	---
155	BAKERS' YEAST*.....	---	185	COCOA-CHOCOLATE.....	---
156	BREWERS' YEAST*.....	---	186	TEA.....	---
157	BEET*.....	---	187	PAPAYA.....	---
158	BEET SUGAR*.....]	---	188	CLOVE.....	---
159	SWISS CHARD.....	---	189	SESAME.....	---
160	SPINACH.....	---	190	FILBERT.....	---
161	NUTMEG (MACE).....	---	191	BRAZIL NUT.....	---
162	AVOCADO.....	---	192	SORGHUM.....	---
163	CINNAMON.....	---	193	SACCHARIN.....	---
164	ALLSPICE.....	---	194	FOOD COLORING MIX*.....	---
165	GINGER.....	---	195	MALT.....	---
166	TURMERIC.....]	---	196	COFFEE.....	---
167	VANILLA.....	---	197	COLA.....	---
168	BLACK PEPPER.....	---	198	GELATIN.....	---
169	BLACK WALNUT.....	---	199	SALICYLATE.....	---
170	ENGLISH WALNUT.....	---	200	MSG.....	---
171	PECAN.....	---	201	SODIUM METABISULFITE.....	---
172	CHESTNUTS.....	---	202	NUTRA SWEET.....	---
173	FIG.....	---	203	SORBITOL.....	---
174	HOPS.....	---	204	PARMESAN CHEESE*.....	---
175	BUCKWHEAT.....	---	205	ORANGE ROUGHY FISH.....	---
176	CURRY.....	---	206	AMARANTH.....	---
177	CUMIN SEED.....	---	207	QUINOA.....	---
178	TAPIOCA-CASSAVA-YUCCA.....	---	208	SPELT.....	---
			209	ARROWROOT.....	---
			210	WILD RICE.....	---
			211	CANOLA OIL.....	---

INTERPRETATION OF FOOD INTOLERANCE TEST RESULTS:

Your test results show hypersensitive reaction to specific foods. This reaction is measured on a scale of 1 to 3 and it indicates damage or death of your blood cells during the testing procedure. Reaction level 1 is a weak reaction, level 2 is a moderate reaction and level 3 is a strong reaction.

The severity of symptoms caused by a weak reaction (reaction level 1) may be equal to the severity of symptoms caused by a moderate (reaction level 2) or a strong reaction (reaction level 3). It is therefore recommended that you avoid all foods which have shown a positive reaction for a certain period of time.

Food intolerance and food hypersensitivity may be treated (cleared) by a sustained avoidance of the offending foods. It may take you as little as 2 weeks or as long as 4 months of food avoidance to clear your food hypersensitivities.

We recommend that you avoid eating all offending foods for 1 month after you receive your test results. You may then wish to gradually reintroduce the reactive foods in your diet, one at a time. Eat a single meal of only the offending food. Eat foods in plain form without seasoning, sauces etc. For example, eat baked or broiled potatoes without butter, salt, pepper etc. Eat steamed green vegetables without seasoning and sauces. If possible reintroduce and test for foods first thing in the morning or at least 3 hours after you have eaten or drunk anything. Make sure that you are feeling well on the day when you reintroduce and test for reactive foods. Watch for a change in your physical or emotional well being for the next 3 to 4 hours after you have eaten the reactive food. Do not eat or drink anything except distilled water. Avoid chemicals, fumes, perfumes and other potential allergens during this time.

Record all symptoms after your test meal.

If there is no reaction to a food during the testing, the food may be eaten on a rotational basis according to the individual tolerance level. For example chicken may be tolerated at 4 day intervals but other reactive foods may be tolerated at longer eating intervals.

It is recommended that you perform a periodic follow up intolerance test after the successful reintroduction of offending foods.

Date of Service	Patient Name	Total Fee	Payment	Adjustment	Previous Balance	Balance
			Credits			

ATTENDING PHYSICIAN'S STATEMENT

PROCEDURE		CPT	# Allergens Tested	FEE	PROCEDURE		CPT	# Allergens Tested	FEE
1.	Food Intolerance/RAST	95075/86003	211		11.	Office Visit	99211		
2.	CBC	85031			12.	New Patient Initial Visit	99212		
3.	CHEM-24	80019			13.	Follow-up Visits	99213		
4.	Health – Panel	80050			14.				
5.	Candida Antibodies	86628			15.				
6.	Quantitative Specific IgE	86003			16.				
7.	Quantitative Specific IgG4	86003			17.				
8.	Quantitative Specific IgG	86003			18.				
9.	Consultation	99244			19.				
10.	Venapuncture, Separation of Plasma	36415			20.				

Diagnosis: _____

Doctor's Name: _____ License No.: _____

Doctor's Signature: X _____

BIOTRITION, INC.
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 Glenview, IL 60026
 (847)640-1377
director@biotritition.com

Insurance Carriers : This form has been adopted to reduce paperwork costs. If any additional forms or itemized bills are required they will be completed upon receipt of \$50.00.