



A WELLSPRING OF NATURAL HEALTH, PC
Person-Centered Health Care • Natural Medicine for the Whole Family

Iodine Patch Test

Name: _____ Date: _____

Instructions

1. Paint a 3" x 3" square patch of colored iodine solution onto the underside of the forearm, the inner thigh or the abdomen.
2. Note the time of application below.
3. Every 4 hours, check the patch. Continue until it disappears, or until 24 hours have passed. In the space below, note the time it disappears, or indicate that it was still visible after 24 hours.
4. If the patch remains at bedtime, mark the correct description of its color below. Be sure to check for it again in the morning (you do not need to keep checking throughout the night).

_____ Grayish colored

_____ Pale Yellow

_____ Bright Yellow orange (as it was first applied)

5. If the patch remains 24 hours after you have applied the iodine, you may consider the test completed. The color will slowly fade over the next few days.
6. Please complete this form and either mail, email as an attachment, or fax it back to us at:

A WellSpring of Natural Health, P.C.
4720 SW Watson Avenue
Beaverton, Oregon 97005

Fax: 503.643.4633

Email: care@wellspringofhealth.com

7. Dr. Stargrove will review the results with you at your next appointment.

Thank you!

Time/Date applied: _____

Time/Date disappeared: _____