penta
AUDIOLOGY AND HEARING SERVICES

VNG Instructions

Patient's Name: _____

Date of Test: _____

Time of Test: _____ **Check In Upstairs** _____

Your Doctor has ordered this special test which is designed to help determine the nature of your dizziness. This is primarily a test of the inner ear and will assist us in determining the cause of your dizziness. The test causes no pain; however it may cause a short dizzy episode following a particular portion of the test. Please wear comfortable clothing such as pants or slacks. The test is performed with the patient in a lying or sitting positon.

1. Accurate testing requires any medications that act on your central nervous system or that suppress your inner ear function to be **stopped a full 48 hours prior to your testing appointment**. This would include any medications you take for dizziness, including Antivert, Meclizine, Dramamine, Scopolamine patches, etc. If you forget and take any of the above medications in the 48 hours prior to your testing appointment, we may be unable to perform your test.
2. **Other medications that may need to be stopped 48 hours prior to the testing appointment** include: anti-depressants (Zoloft, Prozac, Wellbutrin), sleeping pills, tranquilizers, anti-anxiety medications, sedatives, prescription pain killers that contain narcotics (Tylenol 3, etc.) any cold or allergy medications that make you sleepy such as Benadryl, Nyquil, etc. **However some medications should not be stopped abruptly. Please check with your pharmacist or the physician who wrote the prescription regarding any questions or concerns regarding stopping these medications.**
3. **Do not drink any alcohol** for 48 hours prior to this appointment. This includes: liquor, wine or beer.
4. **Please continue all medications for the following conditions:** Heart & kidney problems, High blood pressure, circulatory disorders, breathing disorders, diabetes, cancer, arthritis (non-narcotics), seizures, or hormone imbalance. You may also continue vitamins, steroids, antibiotics, water pills. You may take over the counter painkillers such as Tylenol, Advil, Ibuprofen, Aspirin and Acetaminophen.
5. Please eat lightly the morning of the test. Avoid greasy foods such as bacon, eggs etc. Toast or cereals are good choices. ***NO CAFFEINE THE MORNING OF TESTING!***
6. **DO NOT wear any moisturizer, cream, lotion, foundation make up or Vaseline on your face.** Do not wear ***ANY*** eye make-up and make sure any residual make up is completely removed. This test monitors eye movements, and make-up (i.e. eyeliner or mascara) negatively affects the results. Creams and moisturizers create issues with goggle placement.
7. Some patients experience a slight increase in symptoms immediately after testing. **You may wish to have someone prepared to drive you home or available to call if you do not feel comfortable driving.**

Please be prompt. A two (2) hour block of time has been reserved specifically for you. A $50.00 deposit will be collected to reserve this appointment time. If you are unable to keep this appointment, please give us 72 hours' notice or the deposit will be forfeited. If the appointment is kept, the deposit will be credited towards your bill.

_____ _____

Patient Signature Employee Initials

DEPOSIT: $50.00 **Credit Card** **Check** **Cash** **Date:** _____