

Vestibular Testing Information

Your physician has ordered a Videonystagmography (VNG) test to evaluate your balance system. First, you will have a diagnostic hearing evaluation. Then, the balance system of the ear and the brain will be evaluated by recording eye movement in response to changes in head position, viewing moving objects, motion of the body, and thermal stimuli (warm and cold) applied to the ear canal. Special cameras are used to measure these movements. A more detailed explanation will be given during each portion of the test. The testing will take approximately, **1.5 to 2 hours**.

Your test has been scheduled on _____

Your test will be performed by _____

PLEASE NOTE: Cancellations must be made at least 48 hours prior to your appointment or a fee of \$25.00 will be charged to you directly.

At This Time: _____

(Brighton- Clinton Crossings)
CLEAR CHOICE HEARING AND BALANCE
919 WESTFALL ROAD
BLDG. B- SUITE 110
ROCHESTER, NY 14618
(585) 342-4327

(Greece - Location)
CLEAR CHOICE HEARING AND BALANCE
103 CANAL LANDING BLVD.
SUITE 3
ROCHESTER, NY 14626
(585) 723-3440

Please follow the instructions carefully in order to insure accuracy of the test results and aid in your comfort during the testing.

PLEASE BRING YOUR MEDICATION LIST WITH YOU AT YOUR APPOINTMENT

1. Medications

The following Medications should be avoided, as they may affect test results. Please let us know if you have taken any of these within 48 hrs. of testing:

Anti-dizziness Medications

Dramamine, Bonine, Phenergan, Compazine, Antivert, Meclizine, Transderm, Scopalamine

Tranquilizers

Valium, Diazepam, Librium, Elavil, Triavil, Klonopin, Clonazepam, Xanax, Ativan

Any Sleeping Pills

Seconal, Dalmane, Nembutal, Phenobarbital*, Tuinal

Anti-depressants

Nortriptyline, Paxil, Prozac, St. John's Wort, Celexa, Zoloft

Pain Medication

Codeine, Demerol, Percocet and Percodan

Antihistamines

Dimatane, Benadryl, Actifed, Dimetapp, Zyrtec, Allegra, Claritin or and cold/allergy pills

*Please note that **phenobarbital should not be taken for 7-14 days** before the test.

***Please note that any medications that are necessary to your long term and immediate health should continue to be taken. Examples include any heart, blood pressure, blood thinning, or epilepsy medications. **If you have any questions regarding medications, check with your physician.**

2. Please **do not eat or drink** anything for **3 hours** before your appointment.

Please **do not eat breakfast or eat anything other than a drink of water if you are scheduled for a **morning appointment**. If your **appointment is in the afternoon**, please have a light breakfast and **do not have lunch**.

3. No alcohol for 48 hours before the test.

4. **No coffee, tea, or cola drinks** the day of the exam.

5. Please **do not wear eye/ facial makeup or lotions/creams** the day of the test.

6. Please **wear comfortable slacks/pants** the day of the test.

7. Please **do not wear contact lenses** the day of the test. Bring your glasses.

8. Please note that the table used for vestibular testing **supports body weight up to 500 lbs.** Please contact our office if this is a problem or concern.

9. While you probably will not experience any ill effects from the test, **we strongly advise having a driver with you for testing.**

***Please fill out the attached Dizziness and Balance Questionnaire and bring it with you on the day of your test.