Christine Lepoudre, D.O., F.O.C.O.O. Gregory Varjabedian, D.O., F.O.C.O.O. David Seel, D.O., F.O.C.O.O. Matthew Farrugia, D.O., F.A.O.C.O. Shant Korkigian, D.O.



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Information for Electronystagmography/Videonystagmography (ENG/VNG) Testing

ENG/VNG is a test of balance function and eye coordination. It helps determine the condition of the balance portion of the inner ear. We are looking to determine if your dizziness is located in the central nervous system (brain) or the peripheral nervous system (ear and balance organ).

What to expect the day of your testing

Electrodes or goggles are placed on the forehead and around the eyes. Because a good contact is needed for recordings, we ask that you please refrain from wearing any eye or face makeup and use only a minimal amount of moisturizer, cream or lotion.

The test consists of three parts:

Ocular-Motor Testing: You will be asked to watch a series of lights, dots and figures This evaluates your eye muscles and central nervous system.

Positional Testing: You will be asked to sit, lie down, and turn your head various directions. This test evaluates your central nervous system and the balance organs in your inner ear. Please notify your physician or audiologist if you have any neck or back problems that may be aggravated by this portion of the test.

Caloric Testing: Cool and warm air will be put into your ears for appx. one - two minutes each. It is likely to induce some dizziness as balance receptors within the ears are being stimulated.

IMPORTANT INFORMATION:

Certain medications may change the findings of the ENG/VNG exam. We ask that you **refrain from taking** any of the following 48 hours before the test.

Sedatives, tranquilizers, vestibular suppressants, or other medications that make you sleepy. (i.e., **Meclizine**, **Antivert**, **Benedryl**, etc.)

Other Non essential medications that need to be stopped 48 hours prior to testing would include, but are not limited to: Anti-depressants, sleeping pills, tranquilizers, anti-anxiety medications, sedatives, prescription pain killers that contain narcotics, any cold or allergy medications. Some medications should not be stopped abruptly. Please check with your pharmacist or the physician who wrote the prescription with any questions or concerns regarding stopping these medications. If your physician does not want you to stop any of the meds mentioned in this paragraph, please let us know prior to your appointment.

No caffeine 24 hours before testing

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No alcohol 48 hours before testing.

Do not eat or drink anything three (3) hours before testing

Do not smoke for three (3) hours before testing

IF YOU ARE TAKING HEART, BLOOD PRESSURE, DIABETIC, OR SEIZURE MEDICATIONS, PLEASE CONTINUE TAKING THEM AS DIRECTED BY YOUR DOCTOR

Some patients experience slightly increased symptoms of dizziness after testing and you may wish to have someone available to drive you home.

If you forget and take any of the above medications in the 48 hours prior to your testing appointment, we will be unable to perform your test and we will need to reschedule your appointment in order to obtain reliable results.

Cancellation Policy

Please be prepared to spend about 1.5-2 hours of time in our office on the day of your audiologic and balance testing. This time slot has been blocked off for you so that we can concentrate on your comfort and ensure that test accuracy is maintained. If you fail to appear for your appointment, the time cannot be utilized for other patients.

In the event that you are unable to keep your appointment, please be kind enough to give us at least 48 hours notice so that we may allow someone else to be tested during this period. There will be a \$25 fee appended to your statement for cancellation with less than 48 hours notice or "no shows".

I have read and understand the above statement.

Patient Signature:	Date:	_

DIZZINESS QUESTIONNAIRE

Patient Name:

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Date:

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Audio/Vestibular Testing Insurance Verification

You are scheduled for an upcoming appointment on: am/pm.	@
As the patient, it is your responsibility to know the coverage and lim	nitations with your
health insurance plan. You may want to contact your insurance con	npany prior to any
testing to verify your benefits. Below is a list of the different type	s of audio and
vestibular testing performed in our office. You can provide your ins	urance company
with the billing codes below to verify coverage and benefits for you	ır individual plan.
[] 92557: Audiogram (Hearing Test)	
[] 92567: Tympanogram (Included with Hearing Te	st)
[] 92585: ABR (Auditory Brain Response Test)	
[] 92543: ENG/VNG (Caloric Vestibular Test)	
[] 92584: Electrocochleography	
[] 92540: Vestibular Evaluation	
If you have any questions regarding your appointment please cor	ntact the office.

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You have indicated you have vertigo, imbalance or dizziness problems. Answer the following questions by circling the appropriate bold response or answering in the blank space provided.

1. My first dizzy af	ttack occurred	My most recent dizzy	attack occurred	·
	tell an attack is about to begin. I			
3. Which of the fo	ollowing most closely resembles	your problem? Mark as	many as apply.	
☐ A whir	rling or spinning sensation wher	re your surroundings, you	ı, or both move.	
□ Imbala	ance without a sensation of mo	tion that:		
	☐ Causes a rocking sensation.			
	☐ Makes you feel like you veer	or are pushed to one sid	e.	
	☐ Makes you feel like you need	•		
	se of lightheadedness, giddiness	• •	ı o .	
	of the above, more like		-	
	s all of the time / some of the ti			
	have isolated attacks of vertigo	•	•	
	occur, the sensation of motion la			· · ·
	s / days for me to completely re			iis / days. it takes
	ness occurs, I also experience: (
Ear Ringing	Ear Fullness	Ear Pressure	Hearing Changes	Sound Distortion
Headache	Visual Changes	Ear Pain	Darkening Vision	Numbness/Tingling
Ear Discharge	Nausea	Vomiting	Problem Working	Difficulty Walking
Falling	Unconsciousness	Other:	-	, -
8. What triggers d	dizziness:	·		
	worse:			
	t better:			
	seems / does not seem to be we		of vear,	
-	do / do not trigger or exacerba	•		
	ysician's seen for your dizzy pro	, , ,		
	he following specialties you hav			/ ENT Specialist
3 11 1 10000 011 012	to totto tring openiation you had	·		ologist Psychiatrist
			-	-
Test Type	Please give additional info	· · · · · · · · · · · · · · · · · · ·		
CT Scan	Date and Location	Test T	*`	on
MRI Scan		Audiog ENG	ram	
Ultrasound Blood Tests Balance Testing		ABR EcoG Other:		

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