



VIDEONYSTAGMOGRAPHY INSTRUCTIONS:

_____ has an appointment for a VNG on
_____ at _____.

The VNG is a test of your balance system. It involves several sub tests, and should take approximately 1 hour.

PLEASE LET US KNOW IF YOU ARE DIABETIC OR HYPO GLYCEMIC

DO NOT WEAR MAKEUP OF ANY KIND

DO NOT TAKE the following medications for 48 HOURS BEFORE THE TEST:

Sleeping pills, Tranquilizers

Cold pills

Dizzy pills/patches

Nausea medication

Prescription pain medication

Antihistamines

Alcohol

All cough medications

The FOLLOWING items are OK:

Hormones, Thyroid Medication

Diabetes Medication, Antibiotics, Heart Medication

PLEASE DO NOT EAT OR DRINK ANYTHING OR SMOKE ANYTHING, FOR 4 HOURS BEFORE THE TEST.

***We do recommend that you eat a good meal prior to your fast.**

No food or drink (including water) after _____.

If you have any questions regarding your medication and what you feel that you cannot go without, please call _____ at (530) 243-3687.

***You are ultimately responsible for all charges. It is YOUR RESPONSIBILITY to make sure that your insurance will pay for these services. You will be charged a \$50.00 NO SHOW FEE if you do not cancel your appointment prior to 24 hours of your appointment time.**

Signature _____

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