



Videonystagmography (VNG)

You will be asked to discontinue taking certain medication for 48 hours prior to your testing date. These medications can affect the body in ways that could influence the test, yielding false or misleading results. If you are taking any of these medications, please contact your physician to discuss the appropriate way to discontinue these medications. For your safety, DO NOT discontinue these medications without first discussing this with your physician. If your physician advises you to continue these medications, please contact our office. Below are the types of medications and substances that SHOULD NOT be taken unless told otherwise by our physician. If you consume these medications within 48 hours of the test, we may need to reschedule you. This list is not exhaustive, so contact our office 48 hours prior to the test if you have any questions.

1. **Alcohol:** any amount
2. **Marijuana:** any amount
3. **Anti-seizure medicine (consult your physician first):** Dilantin, Tegretol, Phenobarbital
4. **Anti-vertigo or motion sickness medicine (prescription or over-the-counter):** Antivert, Ru-vert, Meclizine, Dramamine
5. **Anti-nausea medicine:** Atarax, Dramamine, Compazine, Antivert, Bucladin, Phenergan, Thorazine, Scapalmine, Transdermal

It is preferred that you refrain from consuming the following substances. However, taking them will not require your test to be rescheduled:

1. **Sedatives:** Halcion, Restoril, Nembutal, Seconal, Dalmane, or sleeping pills (including Tylenol PM, etc.)
2. **Tranquilizers:** Valium, Librium, Atarax, Vistaril, Serax, Ativan, Librax, Tranzene, Xanax
3. **Diuretics (water pills) (consult your physician first):** Amiloride, Bumelinide, Hydrochlorothiazide (HCTZ), Chlorothiazide, Lasix/Furosemide
4. **Prescription pain medications (muscle relaxers, analgesics, narcotics):** Codeine, Demerol, Phenaphen, Tylenol with Codeine, Percocet, Darvocet

Any medications such as blood pressure medication, heart medication, thyroid medication, insulin, estrogen, etc. SHOULD BE TAKEN AS USUAL. Ask your physician should you have any questions about the safety of your health with the discontinuation of any prescribed medications. For your own comfort, if you are scheduled close to a meal time, please eat lightly prior to your appointment. If you are diabetic, please eat as necessary to maintain proper blood sugar levels. Please do not wear eye makeup such as eyeliner or mascara, which may interfere with video recordings. Wear comfortable clothing. Ladies, please wear pants, as you will be lying down during a portion of the test. You SHOULD NOT drive after the VNG, please make transportation arrangements.

Your signature acknowledges that you have read and understand these medication restrictions. Please remember that we may need to reschedule your appointment if these medications are taken within 48 hours of your test.

Signature: _____ Date: _____

Print Name: _____ Appt. Date: _____