



Oregon Ear, Nose and Throat Center

Videonystagmography (VNG)

MEDFORD OFFICE

1170 Royal Avenue
Medford, OR 97504
541-779-7331
800-866-7893
Fax 541-779-3522

www.oregonent.com

PHYSICIANS & SURGEONS

Otolaryngology
Head & Neck Surgery
Facial Plastic &
Reconstructive Surgery

Sean J. Traynor, M.D., F.A.C.S.
David W. Chambers, M.D., F.A.C.S.
Jay B. Reeck, M.D., F.A.C.S.
Jonathan H. Lee, M.D., F.A.C.S.
Joseph C. Clarke, M.D.
Mark Miller, MD
Andrew Goates, MD
Erik Fladmo, PA-C

AUDIOLOGY & VESTIBULAR DEPARTMENT

Laura Robinson, AuD
Kaitlyn Waszak, AuD, CCC-A

ADMINISTRATOR

Kelly Cook, LPN

CT SERVICES

You will be asked to discontinue taking certain medication for 48 hours prior to your testing date. These medications can yield 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 which **SHOULD NOT** be taken unless told otherwise by our physician. If you have any questions regarding medications, please contact our clinic.

You have been scheduled for a VNG. Please arrive at the clinic at least 15 minutes ahead of check-in time. This test will take approximately 2 hours.

The purpose of this test is to assess the vestibular system, a sensory system that creates the sense of balance and special orientation. **By initialing next to the pre-test guidelines below, you are acknowledging that you have read and understand the listed requirements.**

- _____
(Initial here) • **Do not** drink alcohol, use marijuana products, or take sedatives, tranquilizers, prescription, sleeping medications, narcotics, antihistamines, or medications for dizziness (i.e. meclizine, Antivert, or Robniul), nausea, motion sickness, or over-the-counter cold or allergy medications.
- _____
(Initial here) • **You should continue to take:** insulin, cardiac, blood pressure, thyroid, birth control, anti-seizure, or psychiatric medications including anti-depressants, (i.e. Xanax and Elavil), and over-the-counter pain medications as needed (i.e. Advil, Tylenol) unless otherwise instructed by your physician.
- _____
(Initial here) • Please refrain from eating a heavy meal at least 2 hours before testing
- _____
(Initial here) • Bring a driver or arrange transportation **IF** you have a history of motion intolerance or if you have been diagnosed with benign paroxysmal positional vertigo (BPPV).
- _____
(Initial here) • Please **avoid** wearing make-up such as eyeliner or mascara, which may interfere with video recordings. Wear comfortable clothing.

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. If you have any questions regarding testing or medications, please contact our clinic at 541-779-7331.

Signature: _____ Date: _____

Print Name: _____ DOB: _____

Appointment Date: