VIDEO NYSTAGMOGRAPHY (VNG)

Vestibular Testing

Your doctor has requested vestibular testing for dizziness. The test is to differentiate whether the source of dizziness is from the inner ear or brain. It is most useful in leading to recommendations regarding treatment.

The test takes about 45-60 minutes. Goggles are placed over the eyes. In the first round of testing, one eye is uncovered so that you can follow certain targets on a computer screen while an infrared camera inside the goggles records the movements of the covered eye. In the second round of tests both eyes are covered. You will be asked to sit and to lie in different positions with your eyes open in the dark. You may experience some dizziness. In the third round while the goggles are still covering both eyes; cool air and then warm air is gently run into each ear.

IMPORTANT INSTRUCTIONS

• Please do not wear any makeup on the day of the test. Make sure your face is clean and free of any lotions or creams.
• Please do not wear any eye makeup, specifically eyeliner and mascara 48 hours prior to test.
• If you have permanent eye makeup "tattoo", please contact the office immediately.
• If you have loss of vision in one or both eyes, or any type of visual problems, please contact the office immediately. Please ask to speak with one of the technicians.
• If you have an implanted lens in your right eye from cataract surgery, please contact the office immediately.
• If you wear contact lenses; come prepared to remove them.
• Do not have any alcohol, tranquilizers, sleeping pills, other antihistamines, or other medication for the control of dizziness for 48 hours prior to the test.
• After testing you will be able to reinsert your contacts and apply makeup.

Please call our office 24 hours in advance if you need to cancel your test.

Appointment Date: __________________________

Appointment Time: __________________________

Referring Doctor: ____________________________

DISCLAIMER

OUR OFFICE WILL OBTAIN AUTHORIZATION FOR YOUR TEST; HOWEVER, THIS IS NOT A GUARANTEE OF PAYMENT. IT IS IMPORTANT THAT YOU UNDERSTAND YOUR INSURANCE PLAN’S CURRENT BENEFIT AND COVERAGE RULES. SOME INSURANCE PLANS PAY DIFFERENTLY DEPENDING ON THE PLACE OF SERVICE, FOR EXAMPLE; OUT-PATIENT HOSPITAL VERSUS A DOCTOR’S OFFICE. YOU MAY BE AT RISK FOR A GREATER OUT-OF-POCKET FINANCIAL RESPONSIBILITY; THEREFORE, YOU SHOULD CALL THE MEMBER SERVICES OR BENEFITS TELEPHONE NUMBER LISTED ON YOUR INSURANCE CARD TO FIND OUT WHAT YOUR FINANCIAL OBLIGATION MAY BE PRIOR TO ANY APPOINTMENT.

A CANCELLATION / NO-SHOW FEE OF $100.00 WILL BE BILLED TO YOU IF YOU DO NOT GIVE AT LEAST 24 BUSINESS HOURS NOTICE PRIOR TO CANCELLATION OF YOUR APPOINTMENT.