

ALLIANCE HEARING AND BALANCE CENTER
(401) 861-7293 OR (401) 331-9690
VNG / ENG INSTRUCTIONS

ENG = Electonystagmography

VNG = Videonystagmography

This is a test of the balance system of the inner ears. ENG and VNG are the same test. The method of testing is different. The ENG test utilizes electrodes placed around the eyes. The VNG test utilizes video goggles to record eye movements.

- 1.) **DO NOT** wear makeup to the test, especially Mascara.
- 2.) If your appointment is in the morning, **EAT A VERY LIGHT BREAKFAST** at least (1) one hour before appointment.
- 3.) If your appointment is in the afternoon, **EAT A LIGHT BREAKFAST AND A LIGHT LUNCH** at least (1) one hour before appointment.
- 4.) ***FOR (2) TWO DAYS BEFORE THE TEST :***
DO NOT TAKE ANY OF THE FOLLOWING : Alcoholic beverages, Sleeping pills, Tranquilizers, and Anti-Dizziness medications.
- 5.) If you wear glasses or contact lenses, bring them with you.
- 6.) If you are a **Diabetic**, **DO EAT** as your diet describes, bring any snack that your diet requires, and continue taking Insulin as directed.
- 7.) If you have a **seizure disorder** : Continue taking ALL medications as prescribed.
- 8.) If you are taking **heart medications, blood pressure medication, or antidepressants**: Continue as directed. If you have any questions about medications, please call the office.
- 9.) It is helpful to bring someone with you or have a ride available should you feel ill after the evaluation.
- 10.) If you have been taking Anti-Dizziness medication, bring it to the test with you.

This evaluation will take 75 – 90 minutes. If you are scheduled for an appointment with the physician following the test, please allow time for it in your schedule.

If you are in need of an interpreter, please notify the office and arrangements will be made to have an interpreter with you. Children **SHOULD NOT** be brought to this appointment.

PLEASE BE CONSIDERATE TO OUR OFFICE AND TO OTHER PATIENTS WHO ARE WAITING FOR APPOINTMENTS BY GIVING US 48 HOURS NOTICE PRIOR TO YOUR APPOINTMENT IF YOU ARE NOT ABLE TO KEEP IT. THERE WILL BE A \$50 CHARGE TO YOU IF YOU DO NOT KEEP YOUR APPOINTMENT OR IF YOU DO NOT GIVE ADEQUATE NOTICE. YOUR INSURANCE WILL NOT PAY THIS FEE.

YOUR APPOINTMENT DATE AND TIME : _____

Please report to Suite 2.