PRE-TEST Instructions for Videonystagmography (VNG) to Evaluate Dizziness

| Your appointment is scheduled for | at |
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| Location: 808 S. Eldorado Rd. Suite, 2W Bloomington, IL 61704 (2 nd floor in the same suite as Neuro-Ortho Rehab) | |
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| mportant information and instructions. Please read t | hese immediately. |
| Certain medications may interfere with the test result read and comply with these instructions. DO NOT ST FOR HIGH BLOOD PRESSURE, SEIZURES, DIABETES | OP TAKING MEDICATIONS |
| 2 days prior to your appointment: Discontinue all me (Antivert, meclizine, Dramamine Scopolamine, valium) If | |
| 24 hours prior to your appointment: Alcohol or caffei (including wine, beer, & cough medicines containing alco And, it is necessary that you DISCONTINUE the following 1. Anti-nausea medicine (Dramamine, Bonine, Marezine, 2. Antivertigo medicines (Antivert, meclizine, Dramamine 3. Narcotics or Barbituates (Codeine, Demerol, Percodand Antihistamines or any over-the-counter cold remedies | hol). ng medications: Phenergan, Thorazine) Scopolamine, etc) |
| On the day of your appointment Do not wear make-up or apply oils or lotions to your factories is important for assessing eye movements correctly. Wear comfortable clothing. Do wear your eye glasses. Comfortable contacts may be recommended if you have dry eyes or irritation. Bring someone with you to drive you home. Some peoplizzy after the testing. Most people, however, feel fine after the composition of the people of of the | pe worn, but are not ple may continue to feel a little ter a few minutes. efore the test. You will not be |
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