



ENG INSTRUCTIONS

As requested by your doctor, you have been scheduled for a vestibular test. The test is called Electronystagmography (ENG) and is a test of the balance mechanism. The test will take approximately 1 to 1 1/2 hours; **it is not painful.**

Please follow the instructions below, so that your test results will be valid.

1. Please do not take any of the following for **48 hours** before the test; However, **CONTACT YOUR DOCTOR SHOULD YOU HAVE ANY RESERVATIONS ABOUT DISCONTINUING ANY DRUG.**

ANTI -NAUSEA MEDICINE:	Example:	Dramamine, Compazine, Bonine, Marezine, Votrol, Phenergan, Thorazine, etc.
ANTI-VERTIGO MEDICINE:	Example:	Anti-vert, Ru-vert, Meclizine, Transderm Scop Scopolamine transdermal patches - must be off of these patches for 5 days prior to testing.
TRANQUILIZERS:	Example:	Valium, Librium, Atarax, Visteril, Equanil, Miltown, Traivil, Serex, Etrafon, Ativan, etc.
SEDATIVES:	Example:	Nembutal, Seconal, Dalmane, Doriden, Placidyl, Quaalude, Butisol, or any other sleeping pills, etc.
NARCOTICS AND BARBITUATES:	Example:	Phenobarbital, Codeine, Demerol, Dilaudid, Perdocan, Phenaphen, etc.
ANTI-HISTAMINES:	Example:	Chlor-trimetron, Dimetane, Disophrol, Benadryl , Actifed, Teldrin, Triaminic, any over-the-counter cold remedies, etc.
ALCOHOL IN ANY QUANTITY:		Including beer, wine, and cough medicines containing alcohol.
CAFFEINE PRODUCTS:	Example:	Coffee, Tea, Colas, Chocolate

AGAIN, IF YOU HAVE RESERVATIONS ABOUT DISCONTINUING ANY DRUGS, PLEASE CONTACT YOUR PHYSICIAN.

****ANTI-EPILEPSY AND ANTI-PSYCHOTIC MEDICATIONS, AS WELL AS MEDICATIONS FOR DIABETES, HYPERTENSION, OR HEART DISEASE SHOULD NOT BE DISCONTINUED !!!!**

If you have any questions, regarding the effect of any medications on the test, please call our office.

2. Sleep a full night before coming for the test.

3. If you are taking the test in the morning (before 12 noon), you may eat a **light breakfast**. If you are taking the test in the afternoon (at or after 12 noon), eat a light breakfast and not lunch.

****IF YOU HAVE PHYSICAL PROBLEMS THAT WILL NOT ALLOW YOU TO FAST (Example: Diabetes), PLEASE MAINTAIN YOUR USUAL EATING ROUTINE.**

4. Please do not use **any** make-up on your face around your eyes.

****Please make arrangements to have someone drive you home after the test.**

If you have any questions or are unable to keep your appointment, please call our office at 410-760-8840. **If you are unable to keep this appointment you must notify the office 2 business days prior to the testing. Failure to notify the office of cancellation 2 business days prior to testing will result in the patient being charged a \$25.00 fee. This fee is not covered by your insurance company.**