

Vestibular Assessment Instructions

___ 1125 Hospital Dr. Ste. 50
Toledo, OH 43614
Phone: (419) 383-4012
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___ 1601 Brigham Drive, #160
Perrysburg, OH 43551
Phone: (419) 873-4327
Fax: (419) 873-6767

_____ has been scheduled on _____ at _____ .
Please allow approximately 1–1 1/2 hours to complete this comprehensive evaluation.

The enclosed questionnaire needs to be completed and returned at your appointment. Please arrive promptly at your appointment time to ensure quality services. If you need to change or cancel your appointment for any reason, please call our office. We have allotted a lengthy time slot for your testing and appreciate your understanding in notifying us in advance if you cannot keep your appointment.

Before your test:

When preparing for testing, it is essential to discontinue the follow medications 48 hours prior to the test:

(See reverse side for complete list of medications)

- **Barbituates / Antidepressants**
- **Tranquilizers / Sleeping pills**
- **Antihistamines**
- **Anti-dizzy pills or patches**
- **Narcotics or alcoholic beverages (beer, wine, etc.) of any kind or recreational drugs**
- **Cold or allergy medications**

****Do not discontinue medications prescribed for diabetes, cardiac conditions, seizure conditions, seizure activity or blood pressure management.**

****No smoking, food, coffee or liquids for at least 2 hours prior to the test.**

****If possible, have someone come with you. (This is not absolutely necessary).**

****Note to women: Please do not apply any type of make-up, cream or powder to areas around the eyes, forehead or temple region. Mascara cannot be used.**

Please verify with your insurance carrier whether coverage is available for these services. Insurance approvals should be obtained before your appointment, especially those participating in a Health Maintenance Organization such as Paramount. The following CPT codes may be of assistance when calling for insurance verification, VNG – 92541, 92542, 92543, 92544, and 92545.

Medications

This list of medications will affect the results of the tests that you have been scheduled for. **IF THE MEDICATION IS LISTED BELOW, PLEASE DISCONTINUE USE 48 HOURS PRIOR TO TESTING.** **Please continue to take heart and blood pressure medications. Seizure medication can only be stopped with a physician's approval. **If you have any questions regarding any other medication that is not listed, please call either of our offices at MUO at (419) 383-4012 or Perrysburg (419) 873-4327.**

Adderall	Compaxine	L-Hyoscyamine	Pepcid	Triavil
Agonists	Cumetidine	Levisin	Pergadan	Triaxolam
Allegra	Cyclizene	Librax	Pergaset	Trimepraxine
Alprozolan	Cyclobenzaprine	Libritabs	Phenaphen w/Codiene	Trimethobenzamide HLC
Amobeaeibital	Cylert	Librium	Phenergan	Trinal
Amytal	Cystospaz	Limbitrol	Phenobarbital	Trinxene
Analgsics	Dallergy Cap	Lioresal	Phenylpropamine	Tussend
Anaspaz	Dalmane	Lorazepam	Phenytoin	Tylenol Allergy/Sinus
Anti-Depressants	Darvocet	Lovelco	Prazepam	Tylenol w/Codiene
Antiasthmatic Products	Darvon	Lufylin-EPG	Prilosec	Tylox
Anticholinergics	Deconamine	Maolate	Preimidone	Valium
Anticonvulstants	Decongestants	Mebaral	Promethazine	Vertigoheel
Antihistamines	Demerol	Meclizine	Propoxyphene	Vicodin
Antivert	Dexedrine	Mepergan	Prosum	Vivactil
Antivertigo	Dextrostat	Meperidine HCl	Provigil	Vontrol
Antizine	Diazepam	Mephention	Prozac	Wellbutrin
Astelin	Dilantin	Mephobarbital	Pseudoephedrine	Wygesic
Atarax	Dilaudid	Merezine	Ranitidine	Xanax
Ativan	Dimehydriante	Mesantoin	Remeron	Zantac
Axid	Dimetabs	Methabital	Restoril	Zoloft
Baclofen	Dimetapp	Methocarbamol	Ritalin	Zyrtec
Barbidonna	Diphenhydramine	Miltown	RMS	
Belladonna Aklaloids	Dipheniclor	Mitran	Robaxin	
Bellafoline	Dizmiss meni-D	Moban	Roxanol SR	
Bellergal-S Tabs	Dolene	Morphine Sulfate	Roxicodine	
Benadryl	Donnatal	Motrin	RU-Tuss	
Benylin	Doral	MS Contin	RU-Vert-M	
Benzadioepine	Dorcol Decongestant	MSIR	Rynatan	
Benzodiazepines	Dramamine	Mudrane	Scopolamine Topical	
Bonine	Drixoral	Muscle Relaxers	Secobarbital	
Bromfed	Effexor	Mysoline	Seconal	
Bronkolixir	Elavil	Narcotics	Sedatives	
Bronkotabs	Entex LA	Nembutal	Seldane	
Bucladin-S Softabs	Estazolam	Norflex	Serzone	
Buclizine HCL	Ethotoin	Norgesic	Sinequan	
Buspar	Etrafon	Novafed	Sodol	
Buspiron	Extendryl	Novahistine	Soma	
Carisoprodol	Fioricet	O-Flex	Sudafed	
Centrax	Fexeril	Orflagen	Surax	
Cephalon	Flurazepam	Omade Orphenadizine	Tagamet	
Chlordiazeoxide	Fortis	Ouadrinal	Tanxene	
Chlorephenesin Carbamate	Gemonil	Oucizepam	Tavist	
Claritin	Halazepam	Oxaxepam	Tedrol	
Chlorzoxazone	Halcion	Oxycodone HCl	Tegretol	
Clemastine	Haldol	Paraflex	Temaryl	
Clonazepam	Hydrocodone	Parafon Forte	Temazepam	
Clorazepate Dipotassium	Hydromorphone HCl	Paxil	Tigan	
Cocleine	HZ-Antagonist	Paxipam	Tofranil	
Codeine	Imipramine	Pediacare Decongestant	Transdeem	
Codinal LA	Klonopin	Peganone	Triaminic	