



# Oregon Ear, Nose and Throat Center

## Videonystagmography (VNG)

### MEDFORD OFFICE

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[www.oregonent.com](http://www.oregonent.com)  
[www.medfordhearingaids.com](http://www.medfordhearingaids.com)

### PHYSICIANS & SURGEONS

Otolaryngology  
Head & Neck Surgery  
Facial Plastic &  
Reconstructive Surgery

Elizabeth H. Steele, M.D., F.A.C.S.  
Sean J. Traynor, M.D., F.A.C.S.  
David W. Chambers, M.D., F.A.C.S.  
Jay B. Reeck, M.D., F.A.C.S.  
Jonathan H. Lee, M.D., F.A.C.S.

### AUDIOLOGY & VESTIBULAR DEPARTMENT

Director  
Jeffrey P. Rice, AuD, CCC/A

Robert Lee, HIS

**ALLERGY**  
Katie O'Shea, LPN

**ADMINISTRATOR**  
Janney M. Marin

You will be asked to discontinue taking certain medication for 48 hours prior to your testing date. These medications can affect the body in ways that could influence the test, yielding false or misleading results. Below are the types of medications and substances which **SHOULD NOT** be taken unless told otherwise by your physician. **If you consume these medications within 48 hours of the test, we may need to reschedule you.** This list is not exhaustive so contact our office 48 hours prior to the test if you have any questions.

1. **Alcohol:** any amount
2. **Marijuana:** any amount
3. **Prescription Pain Medications (muscle relaxers, analgesics, narcotics):** Codeine, Demerol, Phenaphen, Tylenol with codeine, Percocet, Darvocet
4. **Anti-seizure medicine Consult your physician first:** Dilantin, Tegretol, Phenobarbital
5. **Anti-vertigo or motion sickness medicine (prescription or over-the-counter):** Anti-vert, Ru-vert, Meclizine, Dramamine
6. **Anti-nausea medicine:** Atarax, Dramamine, Compazine, Antivert, Bucladin, Phenergan, Thorazine, Scapalumine, Transdermal
7. **Sedatives:** Halcion, Restoril, Nembutal, Seconal, Dalmane, or any sleeping pills (including Tylenol PM etc.)
8. **Tranquilizers:** Valium, Librium, Atarax, Vistaril, Serax, Ativan, Librax, Tranzene, Xanax
9. **Diuretics (water pills) Consult your physician first:** Amiloride, Bumelinide, Hydrochlorothiazide (HCTZ), Chlorothiazide, Lasix/furosemide

It is preferred that you refrain from consuming the following substances. However, taking them will not require your test to be rescheduled:

1. **Caffeine:** coffee, tea, soft drinks
2. **Anti-histamines (cold and allergy medications):** Chlor-trimeton, Dimetapp, Benadryl, Actifed, Triaminic, Claritin, and any over-the-counter cold medications
3. **Tricyclic Antidepressants Consult your physician first:** Amitriptyline, Elavil, Endep, Amoxapine, Asendin, Clomipramine, Anafranil, Desipramine, Norpramin, Pertofrane

Life sustaining medications or medications that cannot be stopped abruptly **SHOULD BE TAKEN AS USUAL.**

\* Ask your physician should you have any questions about the safety of your health with the discontinuation of any prescribed medications.

For your own comfort, if you are scheduled close to a meal time, please eat lightly prior to your appointment. **If you are diabetic, please eat as necessary to maintain proper blood sugar levels.**

Please do not wear eye make-up such as eyeliner, or mascara, which may interfere with video recordings. Wear comfortable clothing. Ladies please wear pants, as you will be lying down during a portion of the test.

Your signature acknowledges that you have read and understand the medication restrictions. Please remember that we may need to reschedule your appointment if these medications are taken within 48 hours of your test.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_