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Nashville, Tennessee 37232-8025

Fax: 615-936-5088  
Phone: 615-936-5000

### Physician Referral Form: Vestibular Testing

Date of Referral: \_\_\_\_\_ Referring Physician: \_\_\_\_\_  
Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Patient Address: \_\_\_\_\_  
Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_  
Primary Insurance, Group ID, contact number: \_\_\_\_\_  
Secondary Insurance, Group ID, contact number: \_\_\_\_\_  
Indications for referral: \_\_\_\_\_  
ICD-10/Diagnosis code: \_\_\_\_\_

Please check the tests that are being ordered below:

- VFT/Vestibular Function Test** – Routine test battery including: VNG, SHA, and VEMP.

If a routine test battery (VFT) is not desired, please select individual test orders below:

- VNG/Videonystagmography** – “gold standard” for identification of vestibular hypofunction.
- SHA/Rotational Chair Test** – test providing supporting information regarding magnitude of vestibular hypofunction, or quality and degree of central nervous system compensation for vestibular hypofunction.
- VEMP/Vestibular Evoked Myogenic Potential** – assessment of otolith organs and vestibular nerve function.
- CDP/Computerized posturography** – provides information regarding ability of central nervous system to accurately integrate visual, somesthetic, and vestibular signals.
- HE/Audiometry** – conventional behavioral hearing evaluation.
- ABR/Neurodiagnostic Auditory Brainstem Response** – objective evaluation of the integrity of the VIIIth nerve and pontine auditory pathways brainstem response to auditory stimuli.
- EcochG/Tympanic Electrocochleography** – assesses whether increased intralabyrinthine pressure is present. Referral must be accompanied by recent audiogram and ear canals must be free of debris for this test.

Physician signature: \_\_\_\_\_

Office phone: \_\_\_\_\_ Office fax: \_\_\_\_\_

*This form may be placed directly into the fax machine for referral (Fax: 615-936-5088).*

*A copy of patient instructions is on the reverse of this form.*

*Test results will be forwarded to referring physician's office via fax within 24 hours of completion.*

## **Patient Instructions for Vestibular Function Testing**

- The standard appointment is scheduled to be 2 hours long.
- If you are already unsteady or dizzy before your appointment, we suggest that you bring someone with you who can drive you home after the testing has been completed.
- Your testing might include: sitting with your head still for 5-10 minutes at a time, an examiner moving your head into various positions for 5-10 minutes at a time, standing for less than 15 minutes at a time, sounds played to your ear via an earphone less than a minute at a time, or water trickled into your ear for less than a minute at a time.
- Since many foods and beverages can affect the results of this test we ask that you do not eat anything 6 hours prior to the appointment. If you are diabetic you may eat a small meal (example: toast and juice) on the morning of your test.
- Please continue to take your prescription medications, however, we ask that you bring with you a list of these medications and their dosages.
- Please do not wear makeup or moisturizer, especially mascara and eye liner because they can affect the results of the tests.
- If you have hearing aids or cochlear implants, please wear them for your appointment.