



Welcome to the Balance Center

Your doctor has referred you to Watertown Audiology & Fyzical Therapy's Balance Center for help in determining the source of your dizziness and imbalance.

We understand that what you are experiencing may be frustrating at times. We will do everything possible to put you at ease during your visit and help you understand your condition. Please contact the office should you have any questions.

Balance Center Testing

Patients suffering balance and dizziness issues can receive specialized diagnostic testing. The tests include a videonystagmography (VNG) and Computer Dynamic Posturography (CDP). These tests are performed for balance testing, unless special requests are made by your physician. Testing is performed by our of our Audiologists.

We strongly recommend that you have someone accompany you to the appointment should you experience dizziness from the test

Important Instructions for Balance Testing

- Do not take any medications that prevent or reduce dizziness for 48 hours prior to the test. Consult your physician before stopping any medication.
- Do not wear any makeup the day of the test (especially eye makeup) and long hair should be placed in a ponytail or bun
- Do not wear contact lenses to the appointment, bring eyeglasses.
- Do not drink any alcohol 48 hours before the test
- Do not drink any caffeinated products 12 hours before the test
- Do not eat 4 hours prior to the test. If you must eat for health reasons, please have a light meal
- Do not smoke the day of the test
- Wear loose, comfortable clothing the day of test

Computerized Dynamic Posturography – Insurance Coverage

Some insurance companies do not cover for CDP. Please check your policy for coverage details including deductibles and copayments.

I, _____ (Please Print Name), hereby authorize Watertown Audiology & Fyzical Therapy to perform a Computerized Dynamic Posturography (CDP) test. I understand some health insurances companies do not cover this test, and I would be responsible for payment. The cost for the CDP test is \$95.00*.

Patient Signature: _____ Date: _____