



2 Champagne Drive (Champagne Centre), Unit B17
Tel: 416- 222-6160 ext 269, 278 Fax: 416- 645-1978

INNER EAR TESTING REQUISITION FORM

Referring Physician:

Patient's Demographics:

● Please choose a test:

- Auditory Brainstem Response (ABR)
- Electrocochleography (ECochG)
- Vestibular Evoked Myogenic Potential (VEMP)
- Videonystagmography (VNG)

Please remind patient:

- Please arrive 15 min your scheduled time, you will be required filling dizziness evaluation forms.
- Please call at least 48 hrs before you appointment if you need to cancel it.
- Do not stop any important medications as for BP, Heart or Diabetes.
- Do not use any face cream, foundations or make up before the tests.
- The duration of the inner ear 3 tests is one hour

REFERRING PHYSICIAN

SIGNATURE: _____