

ABR/ECOG Patient Packet

Appointment Date: _____ Appointment Time: _____

Auditory Brainstem Response (ABR) & Electrocochlegraphy (ECOG) Tests

ABR

The ABR measures electrical activity in response to sound. It tests the function of the auditory (hearing) nerve, as well as the entire auditory pathway past the ear and up to the brain. The ABR can be useful in patients with hearing loss, tinnitus, dizziness, and other hearing concerns. In babies, it can also be used to determine hearing status. During the testing, electrodes are placed on the forehead and behind the ears. A series of loud clicking sounds are delivered to the ears through earphones. The electrodes measure the response automatically. During the test, the patient must relax and close their eyes. Please note that babies must sleep for the test. Please do your best to keep your baby awake prior to testing and plan to feed your baby during appointment time. No other children or guests in the room for the appointment. The ABR takes approximately 45 minutes. Please arrive 15 minutes before appointment time.

ECOG

The ECOG also measures electrical activity in response to sound. It focuses on the health of the inner ear and the auditory nerve. The ECOG can be useful in identifying increased pressure in the inner ear. Think of the ECOG like an electrocardiogram (EKG) for the heart, except for the ears. The ECOG can be useful in patients with dizziness, feelings of fullness in their ears, tinnitus, and other hearing concerns. During the testing, electrodes will be placed on the forehead and in the ears. A series of loud clicking sounds are delivered to the ears through earphones. The electrodes measure the response automatically. During the test, the patient must relax and close their eyes. No other guests in the room. The ECOG takes approximately 1 hour. Please arrive 15 minutes before appointment time.

If there are any questions about the tests, please contact our office at 703-499-8787.

Cancellation

Please give us at least 72 hours notice if you need to cancel or reschedule this test for any reason and plan to arrive 15 minutes before your appointment time to start promptly.

Late arrival or failure to give 72 hours notice results in a \$150.00 fee!

Insurance

ABR and ECOG are covered by most medical insurances. Please check your policy for coverage details including deductibles and copayments. Insurance co-payments are due at the time of visit.



I, _____ authorize Potomac ENT/CADENT to perform the following procedure:

ABR: Auditory Brainstem Response

ECoG: Electrocochleography

OAE: Otoacoustic Emissions

I _____ understand that I if cancel my appointment without 72 hours notice, **I will be responsible for a \$150.00 fee.** I also understand that it is important I arrive 15 minutes prior to my appointment time. **Arriving late will result in the appointment being rescheduled and incurring the \$150 fee.**

Patient/Responsible Signature _____ Date: _____

Witness: I have explained these instructions, alternatives, and expectations to the patient, and believe he/she has been adequately informed and has consented.

Witness Signature _____ Date: _____