



AUDITORY BRAINSTEM RESPONSE (ABR)

An auditory brainstem response (ABR) is a diagnostic test that determines if there is a blockage in the transmission of an auditory stimulus from the inner ear to the lower brainstem.

You are asked to refrain from wearing any base makeup on the day of the test. Your forehead and the area behind each ear will be scrubbed clean and electrodes will be taped to the skin. Earphones will be placed in your ears to present a series of clicks. You will lie still with your eyes closed while listening to the clicks. There will not be any discomfort during the test. Any tension or muscle movement can slow down the testing process, thus it is very important to be relaxed during this test.

A computer will record responses from the auditory pathway. The audiologist will analyze the responses to determine the time it takes for the structures of the auditory pathway to respond to the clicks. A delay in the timing of the response can help identify a benign growth (acoustic neuroma) along the auditory pathway or can diagnose certain other auditory conditions. This test takes approximately one hour.

The audiologist will analyze the test and then send the results to the referring physician.

If you have any questions regarding the test itself or the test instructions, please call our office at (972) 566-7359.

Appointment Date: _____ Time: _____

7777 Forest Lane, Suite A-107
Dallas, Texas 75230
(972) 566-7359
Fax: (972) 566-3883

Patient Appointment Agreement for Audiology Services

Thank you for choosing The Hearing Center at Dallas Ear Institute for your hearing healthcare needs!

Due to the personnel resources and time commitment needed to provide the complex services offered, it is imperative that our patients be very faithful in keeping their scheduled appointments. We understand that unforeseen events occur that require last minute cancellations of appointments. However, Dallas Ear Institute cannot be expected to bear the financial loss that occurs when this reserved appointment time goes unutilized.

In order to ensure your commitment to reserving our time to provide these services, we are informing you up front that you will be billed a \$150 cancellation fee if you cancel within less than two (2) business days notice or do not show up for your scheduled appointment, except in the event of a true emergency. This is a charge that your insurance company, Medicare or Medicaid will not cover. Payment of the cancellation fee will be due prior to rescheduling.

Thank you very much for your cooperation.

Printed Patients Name

Signature of person financially responsible

Date