



The ENT Center of Central Georgia

Central Georgia Head & Neck Surgery Center

Georgia Hearing Institute

540 Hemlock Street

Auditory Brainstem Response (ABR) Testing

ABR is scheduled for: _____ at _____.

Auditory Brainstem Response (ABR) testing was recommended because you are presenting with any of the following symptoms in one or both ears: poor speech understanding that does not correlate to your hearing capabilities, hearing noises in one ear, a difference in hearing capability between the ears that was found during the audiometric evaluation. The physician and audiologist have already completed a variety of tests to assess your hearing and the results suggest further assessment is warranted. The test provides information on the passage of auditory signal along the hearing nerve from the ear to the brainstem. This test is a screening device for a 'blockage' on the hearing nerve. The ABR can be used to help identify the presence of certain medical conditions that affect hearing, such as growths along the auditory pathway. The ABR is a reliable, objective, noninvasive and painless test of the auditory pathway.

There is no discomfort during this test. You will be placed in a reclined position and instructed to relax as much as possible. Some patients have been known to drift off into sleep and this is fine. The audiologist will place surface electrodes, at three points: behind each ear and on the forehead. A series of clicking noises will be presented through insert earphones. You will not be asked to do anything during the testing except relax and keep your eyes closed.

This test will take approximately 30 to 60 minutes.

Additional Instructions:

- **No** makeup.
- **No** earrings.
- Wear comfortable clothes.

Note: If there are any questions about the test, please contact our office at (478) 741-1800.

PAYMENT IS DUE AT THE TIME OF SERVICE. Your insurance will determine the amount required. Most insurance plans apply ABRs to your deductible. Please contact our office regarding your ABR deposit. If you have no insurance, payment in full is required.

Patient Signature

Date