THE LUSKIN
Orthopaedic
Institute for Children
IN ALLIANCE WITH UCLA Health

Expert Orthopaedic Care For All Children Since 1911
403 West Adams Boulevard, Los Angeles, CA 90007-2664

International Children's Program | Request for Treatment

Applicant Information

Patient Name:		Application Date:	Date of Birth (mm/dd/yyyy):
Referred by: ☐ Health provider ☐ Self	City/Country:	Preferred Language:	
Name of parent(s)/Guardian: 1. 2.	Phone(s):	E-mail:	

Medical Information

Reason for treatment request (include diagnosis and specific treatment or evaluation you are requesting):
When did the problem begin? Describe current condition:
Previous treatments:
Other medical issues:
Test completed/Labs and Radiology (X-ray, MRI, CT, other):
The patient and guardian have a visa to travel to the USA ☐ Yes ☐ No ☐ In process