

The NUSS Procedure

Dr. Barry LoSasso . 324 Encinitas Boulevard, Encinitas, CA 92024

760-634-4090



Driving Directions

From I-5 exit Encinitas Boulevard east. Turn left onto Saxony which is the first light. Take a right at Mammoth Professional Bldg and another right at the yellow fire hydrant.

Please fill out the registration forms which follow on the next two pages and bring these to your first appointment. Doing so will allow you more time with the doctor during your visit. Remember to bring your authorization from your primary care provider if required by your health plan or your appointment may need to be rescheduled.

Registration Forms

Child Information

Name: _____
last first middle

Address: _____
street apt. city state zip

Phone Number: _____

Birth Date: _____
month / day / year

Gender: boy girl

SSN: _____

Parent or Legal Guardian

Name: _____
last first middle

Address: _____
street apt. city state zip

Cell Phone: _____

Employer: _____

Employer Address: _____
street apt. city state zip

Birth Date: _____
month / day / year

SSN: _____

Email: _____

Occupation: _____

Marital Status: _____

Parent or Legal Guardian

Name: _____
last first middle

Address: _____
street apt. city state zip

Cell Phone: _____

Employer: _____

Employer Address: _____
street apt. city state zip

Birth Date: _____
month / day / year

SSN: _____

Email: _____

Occupation: _____

Marital Status: _____

I am the parent foster parent legal guardian

I am financially responsible for service and supplies rendered and there is a \$25 Fee for returned checks. I authorize the release of any information to process my claim and the payment of medical benefits to Dr. Barry LoSasso. I may be charged for missed appointments and authorize the Doctor to give my child reasonable and proper medical care by today's standards.

Signed _____ Date _____

Please circle any other medical problems

Medical History

| | | | |
|----------------|---------------|---------------------|-------------------|
| Allergies | Asthma | Attention Deficit | Bleeding Problems |
| Cerebral Palsy | Cleft Palate | Developmental Delay | Down Syndrome |
| Heart Problems | Lung Problems | Prematurity | Seizures |

Medical problems not listed above : _____

Please circle antibiotics used in the last year

Medicine

| | | | |
|-------------|-----------|--------|-----------|
| Amoxicillin | Augmentin | Biaxin | Ceclor |
| Cedax | Ceftin | Cefzil | Ketek |
| Omnicef | Rocephin | Suprax | Zithromax |

Antibiotics not listed above : _____

My child is taking the following medications now : _____

My child has an allergic reaction to the following medications : _____

Signed _____

Date _____