

████████████████████

Please list all prior Hospitalizations:

Date

List any complications

I PROVIDE THEIR AUTHORIZATION as a voluntary contribution in the interests of patient education. I understand that such photographs shall become the property of Dr. Eliza-Jasmine Tran and may be retained by Dr. Eliza-Jasmine Tran or released by Dr. Eliza-Jasmine Tran for the limited purpose of including them in any print, visual or electronic media, specifically including, but not limited to publication in medical journals and textbooks, physician photo books, physician website or for the purpose of informing the medical profession, the general public, or a patient

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PHYSICIAN-PATIENT ARBITRATION AGREEMENT