

# Surgical Associates of Austin, P.A.

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## ETHNICITY FORM

**Patient Name:** \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_

**Race:**

- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific
- Black or African American
- White
- Other

**Ethnicity:**

- Hispanic or Latino
- Not Hispanic or Latino

**Language:**

- English
- Spanish
- Indian
- Russian
- Other
  
- Declined to Specify**