

# Surgical Associates of Austin, P.A.

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## ACKNOWLEDGEMENT

I have been given a copy of my doctor's pre-surgical instructions and post-surgical instructions.

I have also been given the appropriate telephone numbers at my doctor's office to call if I need more information or have any questions.

Print Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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