

Surgical Associates of Austin, P.A.

F. Ames Smith, Jr., M.D., F.A.C.S.
F. William Cherico, Jr., M.D., F.A.C.S.
Robert M. Markus, Jr., M.D., F.A.C.S.
William D. Mayer, M.D., F.A.C.S.
R.Y. Declan Fleming, M.D., F.A.C.S.
Rodney B. Ashworth, M.D., F.A.C.S.
Peter V. Ching, M.D.
Aravind B. Sankar, M.D.

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.

Patient

Date

Printed Name:

Account # :

Central Office
Plaza St. David
1015 E. 32nd, Suite 308
Austin, Texas 78705
512/472-1381
Fax 512/472-9688

North Office
Medical Oaks Pavilion
12201 Renfert Way
Suite 335
Austin, Texas 78758
512/836-3210
Fax 512/339-8203

South Office
South Austin Professional Building
4007 James Casey Street
Suite A-230
Austin, Texas 78745
512/447-4993
Fax 512/447-7084