

Dear Patient,

The Texas Department of State Health Services, through the Texas Health Care Information Collection Center for Health Statistics, requests the reporting of data on our patient demographics as part of our Ambulatory Surgery licensure. Part of this information is ethnicity and race of our patient population. Please indicate below the ethnicity and race that best describe you.

Thank you.

Ethnicity:

- Hispanic Origin
- Not of Hispanic Origin

Race:

- American Indian/ Eskimo/ Aleut
- Asian/ Native Hawaiian/ Pacific Islander
- Black/ African American
- White
- Other Race

Patient Label