

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D2016741	(X3) Date Survey Completed 01/12/2018
Name of Provider or Supplier Desert Pain And Rehab Specialists	Street Address, City, State 11047 N 19th Ave, Phoenix, AZ	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies
No Tags	No deficiency details available.