

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 06D2028482	(X3) Date Survey Completed 01/02/2018
Name of Provider or Supplier Orthocolorado	Street Address, City, State 11650 W 2nd Pl, Lakewood, CO	
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.