Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	11D0021848	01/11/2018
Name of Provider or Supplier	**Street Address, City, State**	
Dodge County Hospital Laboratory	901 Griffin Avenue, Eastman, GA	

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.