

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D0646021	(X3) Date Survey Completed 06/18/2026
Name of Provider or Supplier Oral & Maxillofacial Path Diag & Consultative Serv	Street Address, City, State 1430 John Wesley Gilbert Drive, Gc2164, Augusta, 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
D0000	Based on a CLIA Recertification Survey performed on June 18, 2026, this facility was found to be in compliance with all applicable CLIA requirements found at 42 CFR 493.1 through 42 CFR 493.1780.