

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 11D2305439	<b>(X3) Date Survey Completed</b> 12/09/2025
<b>Name of Provider or Supplier</b> Forefront Dermatology, Sc Db a Atlantic Shore	<b>Street Address, City, State</b> 124 Carteret Road, Brunswick, GA	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	A Clinical Laboratory Improvement Amendments (CLIA) initial survey was completed on December 9, 2025. The laboratory was in compliance with applicable CLIA requirements found at 42 CFR 493.1 through 42 CFR 493.1780.