

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 19D0721046	(X3) Date Survey Completed 02/22/2018
Name of Provider or Supplier Thomas A Pressly Iii Md Apmc	Street Address, City, State 2751 Albert L Bicknell Drive Ste 2e, Shreveport, LA	
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.