

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 21D0922822	(X3) Date Survey Completed 06/26/2024
Name of Provider or Supplier Drs Ford & Rothman, Ctr For Cosmetic & Clinical	Street Address, City, State 18310 Montgomery Village Avenue #700, Gaithersburg, MD	
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	The laboratory is in compliance with the regulatory requirements of 42 CFR 493 for Medicare/Medicaid-approved and CLIA-certified laboratories.