

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D2123083	(X3) Date Survey Completed 02/26/2018
Name of Provider or Supplier Advanced Dermatology Of Michigan	Street Address, City, State 999 6th St, Traverse City, MI	
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.