Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 30D2318903	**(X3) Date Survey Completed** 03/04/2026
Name of Provider or Supplier Optima Dermatology	**Street Address, City, State** 135 Hooksett Rd, Manchester, NH	

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 was found to be in substantial compliance with CLIA regulations (42 CFR Part 493). No deficiencies were cited.