

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 37D0997316	(X3) Date Survey Completed 01/19/2018
Name of Provider or Supplier Oklahoma Center For Orthopedic And Multispecialty	Street Address, City, State 8100 S Walker Bldg C, Oklahoma City, OK	
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.