

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 37D2091924	(X3) Date Survey Completed 01/23/2018
Name of Provider or Supplier Utica Park Clinic-Midtown	Street Address, City, State 4408 S Harvard Ave, Tulsa, 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
D0000	