

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D0889020	(X3) Date Survey Completed 09/12/2024
Name of Provider or Supplier Christine D Brown, Md, Pa	Street Address, City, State 3600 Gaston Ave Barnett Tower Suite 901, Dallas, TX	
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.