

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D2000387	(X3) Date Survey Completed 02/16/2018
Name of Provider or Supplier Texas Internal Medicine And Diagnostic Center	Street Address, City, State 4502 N Laurent St, Victoria, 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
No Tags	No deficiency details available.