Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D2068321	01/10/2018
Name of Provider or Supplier	**Street Address, City, State**	
Aspire Fertility Institute	911 W 38th St Ste 402, Austin, 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.