Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D2068961	04/04/2018
Name of Provider or Supplier	**Street Address, City, State**	
Total Men's Primary Care	12717 Shops Pkwy, Suite 500, Bee Cave, 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.