

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D2070536	(X3) Date Survey Completed 01/30/2018
Name of Provider or Supplier Friendswood Dermatology	Street Address, City, State 6 Oaktree Street, Friendswood, 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.