Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	46D0524878	01/05/2018
Name of Provider or Supplier	**Street Address, City, State**	
Logan Urology Clinic	550 E 1400 N Suite J, Logan, UT	

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.