| **Statement of Deficiencies** | **(X1) Provider/Supplier/CLIA Identification Number** | **(X3) Date Survey Completed** |
|---|---|---|
| | 46D0687259 | 03/01/2018 |
| **Name of Provider or Supplier** | **Street Address, City, State** | |
| Allen-Taintor Dermatology Ogden Clinic | 3860 Jackson Ave Ste #2, South Ogden, 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. |