Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 46D0991303	**(X3) Date Survey Completed** 08/29/2018
Name of Provider or Supplier Orem Family Medicine	**Street Address, City, State** 173 N 400 W Ste C-11, Orem, 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.