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Office of Health Care Quality

| NAME OF PROVIDER OR SUPPLIER ABORTIONCLINICS ORG, INC SA00020 STREET ADDRESS, CITY, STATE, ZIP CODE 10401 OLD GEORGETOWN ROAD, SUITE 104 BETHESDA, MD 20814 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X3) DATE SURVEY COMPLETED | |
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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