STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE OFFICE OF HEALTH CARE QUALITY BLAND BRYANT BUILDING 55 WADE AVENUE BALTIMORE, MARYLAND 21228

JAN 1 1 2016 CK#2632

Application for License to Operate a Surgical Abortion Facility (COMAR 10.12.01)
Official name of agency: SILVEN SIRING CONSLOLOG Trading name d/b/a:
Trading name d/b/a: SILVER SPRIJ6 CYNECOLOGY
Agency address: SPRING ST GZ SILVER SPRIDED MY 2016
Mailing Address (If different from above):
Telephone Number: 301588 1682 FAX number: 3015841686
Agency e-mail address: SILVERSPRINGFANILY
Days and Hours of Operation: MOJUAT TO SATURDAY 9-565
If business hours vary per days during the week, please specify:
Identify the days and hours the office manager is on-site: WESS SAT 9 un 2 pm
Days OR is used:
Number of operating/procedure rooms:
Back up generator:No BULO, ~6
Accredited: VesaNo Accrediting Agency: NAF Date of accreditation: August 2015

If yes to this question please send a copy of the accreditation status letter to the Office of Health Care Quality.

Identify All Major Medical Equipment Utilized in the Surgical Abortion Facility: 1 1 2016

Cardiac Catheterization Equipment Computer Tomography Equipment Lithotriptor Radiation Therapy Equipment Magnetic Resonance Imager		How many: How many: How many: How many: How many:		
Type of ownership:	(1) Sole ownership () Partnership		**************************************	
	() Corporation		£ .*	FEB - 2 201
Officers	orporation or partnersh		individual	s holding 2% or
Name of Administrate	or:			
Name of Medical Dir	ecto			
Signature of Applican	t: _			
Date of Application:	JW V	1.2016	/ >	-

The application fee of \$1,500.00 is non-refundable. Please make check or money order payable to the Department of Health and Mental Hygiene. Please mail application and fee to:

THE OFFICE OF HEALTH CARE QUALITY
AMBULATORY CARE UNIT
BLAND BRYANT BUILDING
55 WADE AVENUE
CATONSVILLE, MARYLAND 21228

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