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**State of Ohio License Information**

[Ambulatory Surgical Facility Program Page](#)

**PRETERM**

State ID: **0288AS**

**Provider Demographics**

Address:	12000 SHAKER BOULEVARD CLEVELAND, OH 44120	Ownership:	N/A
County:	CUYAHOGA	Operator:	N/A
Phone Number:	(216)991-4000	Administrator:	CHRISSE FRANCE
Fax Number:	(216) 373-0307	Mailing Address:	*
E-mail Address:	info@preterm.org		

**State of Ohio License Information**

**General License Information:**

License Status: ACTIVE  
 Licensed Date: 03/31/2018  
 License Expiration Date: 03/31/2019  
 Open Date: 03/03/1997

Licensed Capacity: 5

Services:

\* A mailing address will appear if it is different from the business address



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