

# HEALTH FACILITY LOCATION

FACNAME

All

ZIP

All

CITY

All

COUNTY\_NAME

All

TRAUMA\_CTR

All

Sum of...

40

Sum of...

267

Sum of...

264

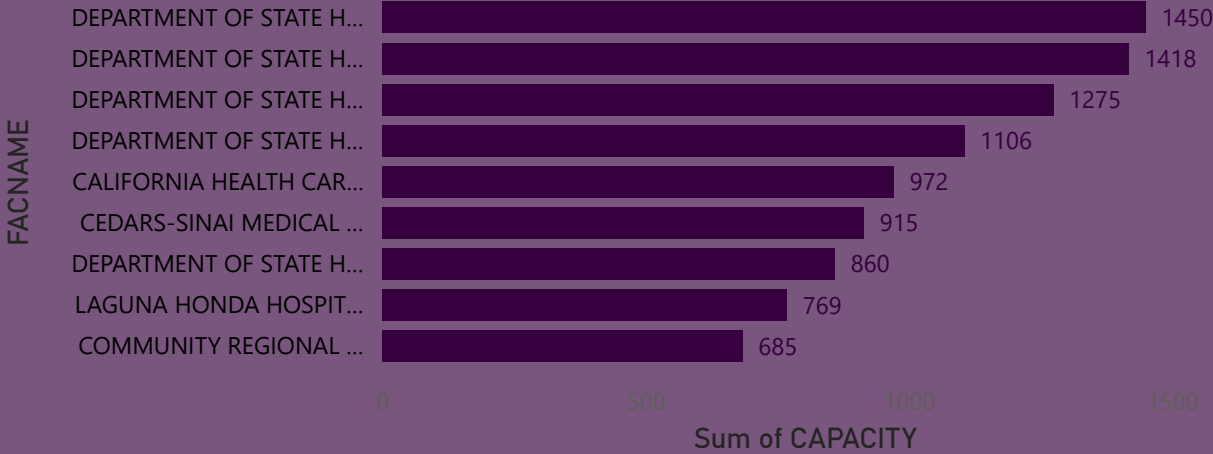
Sum of...

3K

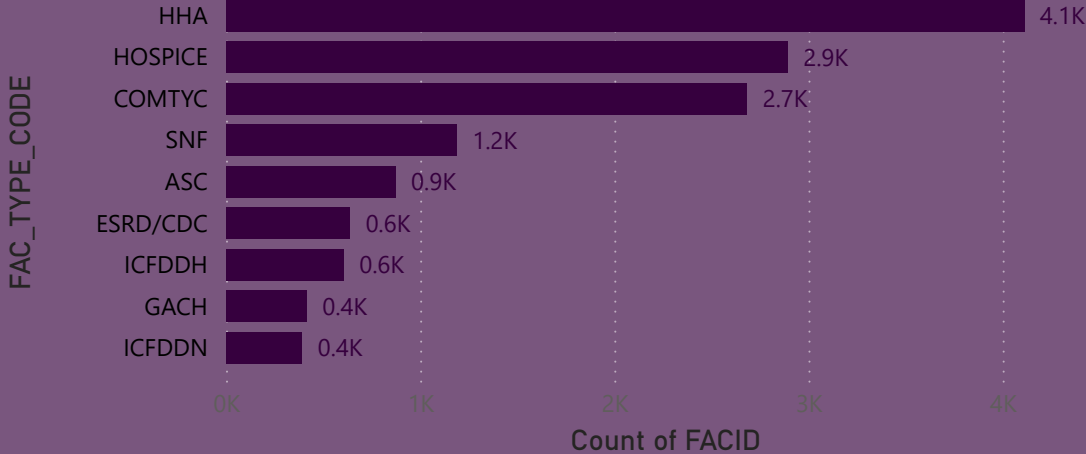
Sum of...

16K

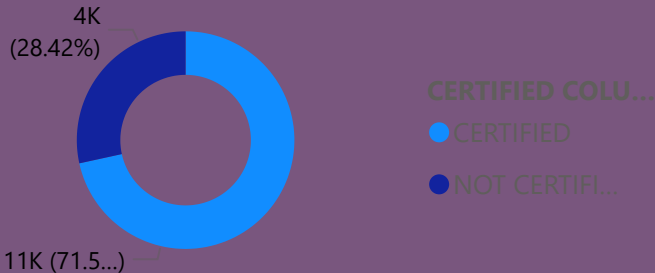
Sum of CAPACITY OF FACILITY



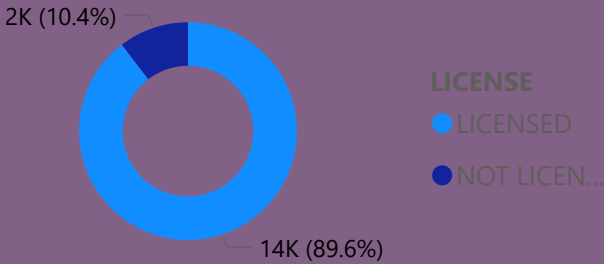
CAPACITY OF FACILITY



TOTAL CERTIFIED FACILITY



TOTAL FACILITY by LICENSE



FACILITY LOCATIONS

