



ASHLAND REGIONAL MEDICAL CENTER

NMSB1

August 7, 2000

RECEIVED  
REGION 1  
200 AUG 14 PM 4: 23

030-12567

NRC License No.: 37-17331-01

U.S. Nuclear Regulatory Commission  
Region 1  
Nuclear Material Section B  
475 Allendale Road  
King of Prussia, PA 19406

Dear Sirs,

We wish to amend our NRC License Number 37-17331-01 to make the following changes:

We would request that the following Radiologists be removed from our license as Authorized Users:

Juan O. Peralta, M.D.  
Praful K. Tilva, M.D.  
Antonio V.B. Buendia, M.D.

The physicians named above are no longer providing services to our facility.

In addition we wish to add our Cardiology Stress Lab as a part of our Nuclear Medicine Department (see diagram attached). This area is utilized to stress patients receiving both non-nuclear medicine stress tests as well as patients receiving nuclear medicine stress tests. This area has been posted with "Caution-Radiation Area" and "Caution-Radioactive Material" signs. Members of the public will not have access to controlled areas. Exposure levels to occupationally exposed personnel will be maintained so as not to exceed limits specified in 10 CFR Part 20.1201. Per 10 CFR 35.70(a), a daily survey will be made where radiopharmaceuticals are routinely prepared for use or administered. The entire department shall be surveyed at least weekly to include the Cardiology Stress area.

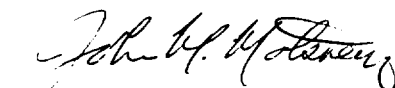
1 2 8 5 3 2

NMSS/RGN MATERIALS-002

Ashland Regional Medical Center  
NRC License No.: 37-17331-01  
August 7, 2000

If you require any additional information, please feel free to contact us.

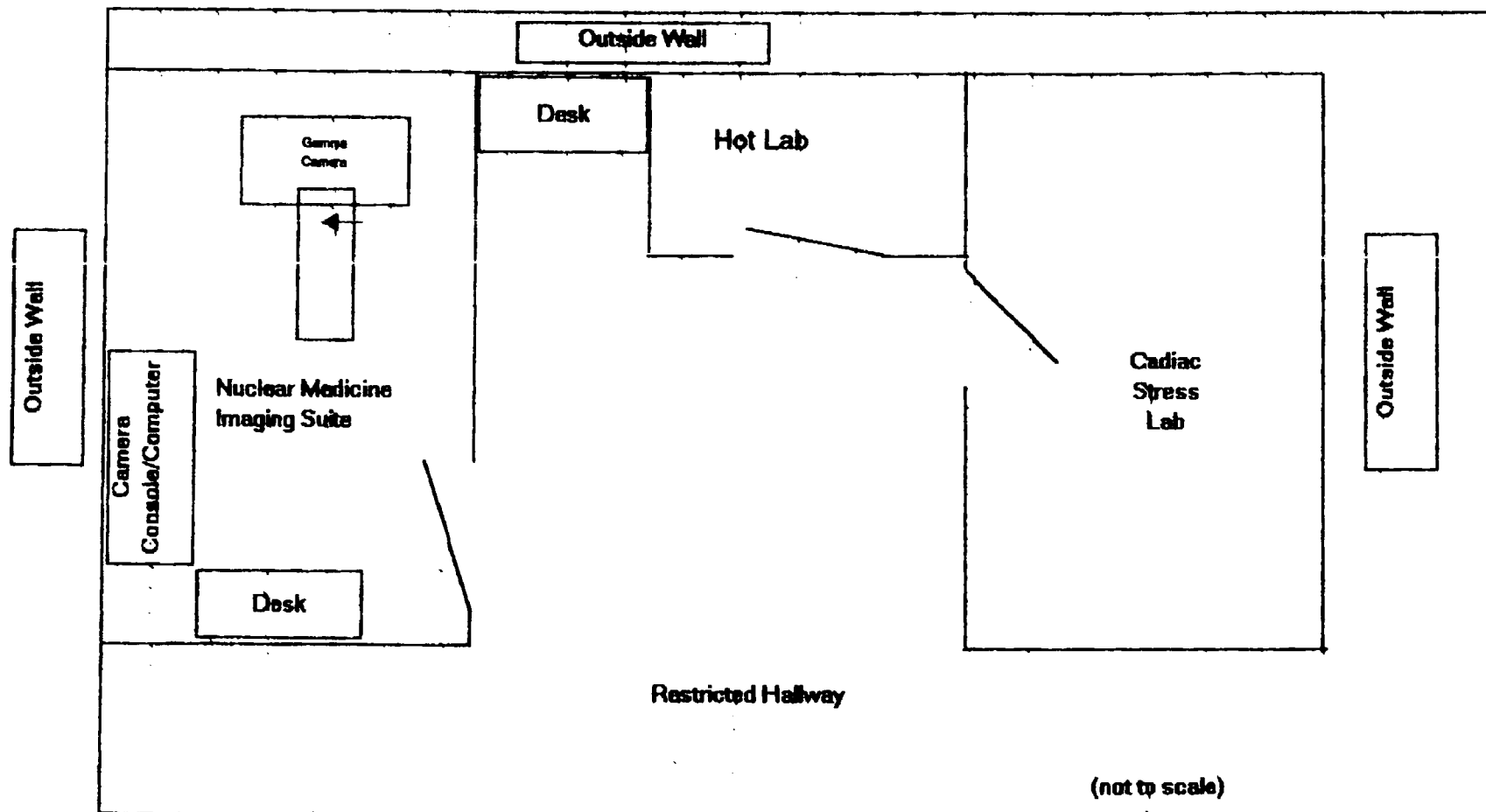
Sincerely,

A handwritten signature in black ink, appearing to read "John W. Motsney". The signature is fluid and cursive, with a large initial "J" and a stylized "M".

John Motsney  
V.P. of Professional Services

JM:kam

Ashland Regional Medical Center  
Department of Nuclear Medicine



BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
:  
: Program Code: 02120  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20030331  
: Fee Comments: -----  
: Decom Fin Assur Req'd: N  
: ::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION *I*

1. APPLICATION ATTACHED

Applicant/Licensee: ASHLAND REGIONAL MEDICAL CENTER  
Received Date: 20000814  
Docket No: 3012567  
Control No.: 128532  
License No.: 37-17331-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: -----  
Check No.: -----

3. COMMENTS

Signed *M. A. Perkins*  
Date *8/17/2000*

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /\_\_/\_/)

1. Fee Category and Amount: -----

2. Correct Fee Paid. Application may be processed for:

Amendment -----  
Renewal -----  
License -----

3. OTHER -----  
-----

Signed -----  
Date -----

This is to acknowledge the receipt of your letter/application dated

August 7, 2000, and to inform you that the initial processing which includes an administrative review has been performed.

☒ *Amendment 37-173 31-01*  
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 1 2 8 5 3 2.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.