



New Jersey
Diagnostic
Imaging & Therapy P.A.

RECEIVED Salvatore F. Vitale, M.D. Medical Director
REGION 1

455 Jack Martin Blvd.
Brick, NJ 08724
tel: 732-840-6500
fax: 732-840-6459

'05 JAN 24 P12 :42

Diane Connors, M.D.
Sheldon B. Kaplan, M.D.
Marshall B. Koven, M.D.
Neelu Jain-Lakhani, MD

January 17, 2005

US Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, PA 19406-1415

To Whom it May Concern:

03013436

New Jersey Diagnostic Imaging and Therapy wishes to amend its Materials License number 29-17855-01. Please change the Radiation Safety Officer from Salvatore F. Vitale, MD to Diane Connors, MD.

Dr. Connors is already an authorized user on the license and is a board certified physician in nuclear medicine.

Please feel free to contact me if you have any further questions or need any further information.

Sincerely,

Salvatore F. Vitale, MD

136347

NMSS/RGNI MATERIALS-002

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

1/17/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMEND. 29-17855-d 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 136347.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

License Fee Management Branch, ARM
and
Regional Licensing Sections

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:      (FOR LFMS USE)
:      INFORMATION FROM LTS
:      -----
:
:  Program Code: 02201
:  Status Code: 0
:  Fee Category: 7C
:  Exp. Date: 20140131
:  Fee Comments: _____
:  Decom Fin Assur Req'd: N
:  .....

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A. REGION I

1. APPLICATION ATTACHED
Applicant/Licensee: NJ DIAGNOSTIC IMAGING AND THERAPY
Received Date: 20050124
Docket No: 3013436
Control No.: 136347
License No.: 29-17855-01
Action Type: Amendment

- Amount:
Check No.:

- ### 3. COMMENTS

Signed Mr. A. Perkins
Date 1/26/2005

- 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 _____