



EDUCATION
EVALUATION
TREATMENT

Montclair Breast Center

37 North Fullerton Ave., Montclair, NJ 07042
973/509-1818 Fax: 973/509-0532
www.montclairbreastcenter.com

January 21, 2005

Stephen Hammann, Health Physicist
Division of Nuclear Materials Safety
Region 1
475 Allendale Road
King of Prussia, PA 19406

29-30901-01
03036537

'05 JAN 31 P 2:20

RECEIVED
REGION 1

Dear Mr. Hammann,

As per our discussion on January 19, 2005 we would like to request an amendment to our NRC license with regards to additional survey areas. Please refer to the enclosed map of the OR on the ground floor. We will add the OR to the areas we survey and swipe when Technicium has been injected for sentinel node biopsy.

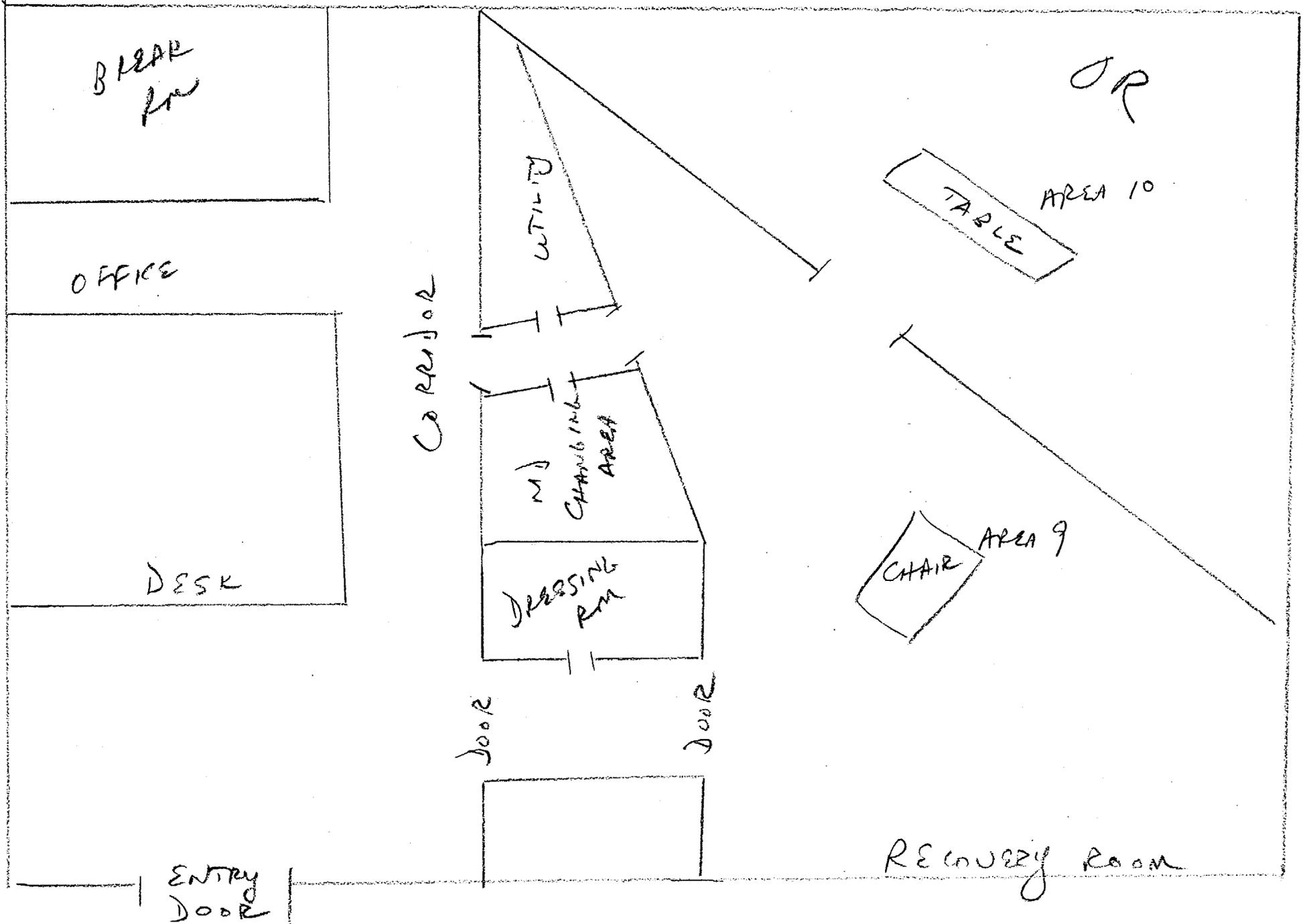
If you have any further questions, my direct line is (973)744-2805 and I thank you very much. I enjoyed meeting with you and Mr. Dwyer the other day. You were extremely helpful and I look forward to meeting with you in the future.

Sincerely,

Moira Davis, RN, BSN
Clinical Supervisor

136414
NMSS/RGNI MATERIALS-002

NORTH FULLERTON SURGERY CENTER



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

11/21/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 29-30901-01 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** 136414.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 License Fee Management Branch, ARM : Program Code: 02201
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20140430
 : Fee Comments: _____
 : Decom Fin Assur Req'd: N
 :

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: MONTCLAIR BREAST CENTER (THE)
 Received Date: 20050131
 Docket No: 3036537
 Control No.: 136414
 License No.: 29-30901-01
 Action Type: Amendment

2. FEE ATTACHED

Amount: /
 Check No.:

3. COMMENTS

Signed Rebecca Juncal
 Date 2/4/2005

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 _____