



# MediCorp Health System

1001 Sam Perry Boulevard  
Fredericksburg, VA 22401  
(540) 899-1100

07 February 2005

U.S. Nuclear Regulatory Commission  
Region II  
Sam Nunn Atlanta Federal Center  
61 Forsyth Street SW Suite 23T85  
Atlanta, Georgia 30303-8931

RE: NRC Material License 45-00935-02 03008082

Dear Sir or Madam:

Please amend the above referenced license to add Frederick W. Willison, MD as an authorized user of any byproduct material identified in 10 CRF 35.300, 35.400 and 35.500. Frederick W. Willison, MD is an authorized user on License number OK-00376-02 issued to St. John Medical Center, 1923 South Utica Avenue, Tulsa, Oklahoma 74104.

If you have any questions or if I may be of further assistance, please contact me at your convenience.

Sincerely,

Linda Prowett, BLS, CNMT, NCT  
Radiation Safety Officer  
540-741-1580

REC'D IN LAT 2/15/2005

136488  
NMSS/RGNI MATERIALS-002

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

2/17/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 45-00935-02  
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

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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** 136489.  
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: 02240  
 and : Status Code: 0  
 Regional Licensing Sections : Fee Category: 7C  
 : Exp. Date: 20130531  
 : Fee Comments: CODE 23  
 : Decom Fin Assur Reqd: N  
 : ::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED  
 Applicant/Licensee: MARY WASHINGTON HOSPITAL  
 Received Date: 20050215  
 Docket No: 3008082  
 Control No.: 136488  
 License No.: 45-00935-02  
 Action Type: Amendment

2. FEE ATTACHED  
 Amount:             
 Check No.:           

3. COMMENTS  
 Signed Rebecca Jensen  
 Date 2/18/2007

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 \_\_\_\_\_