

January 13, 2005

NRC - Region 1  
475 Allendale Road  
King of Prussia, PA 19406-1415

Attn: Medical License Assistance

Re: License #45-01589-01 63003308

Dear Sir or Madam,

I would like to remove the following physicians from our materials license: Joan Van Arras, Lewis K. Martin, II, James C. Laidlaw, Myung-Sup Kim, Jong K. Kim, Ik Rae Cho, Thomas Kilkenny, Joseph G. McCabe, Gerald A. Gildersleeve and Judith Ann Perrotto. We need to add Preston Stuart Fox and Dorthe Sophie Brandt for groups 35.100 and 35.200. Copies of ABR certificates are included.

Also, our Guidant corporation Galileo intravascular brachytherapy afterloader system (P-32 sealed source GDT-P32-1 and 2) is now a defunct system so we would like all specific references removed from our license.

Sincerely,

*Dana Hare*

Dana Hare

05 FEB 17 P 1:35

RECEIVED  
REGION 1

# The American Board of Radiology

*Organized through the cooperation of the  
American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association,  
the American Society for Therapeutic Radiology and Oncology, the Association of  
University Radiologists, and American Association of Physicists in Medicine*

*Hereby certifies that*

**Preston Stuart Fox, M.D.**

*Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of*

*The American Board of Radiology*

*On this twenty-eighth day of February, 1995*

*Thereby demonstrating to the satisfaction of the Board  
that he is qualified to practice the specialty of*

**Diagnostic Radiology**

**with**

**Added Qualifications in**

**Vascular and Interventional Radiology**



*Douglas Maynard MD*  
President

*William J. Jurell MD*  
Secretary-Treasurer

*M. Paul Capp, M.D.*  
Executive Director

Valid through: February 2005

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Preston Stuart Fox (ABMSUID - 13919)

Viewed: 11/2/2004 3:39:20 PM CST

DOB: [REDACTED]

Status: [REDACTED]

### Certification

#### American Board of Radiology

##### Diagnostic Radiology - General

Active      Lifetime      Initial Certification      1990 -

#### Vascular & Interventional Radiology - Subspecialty

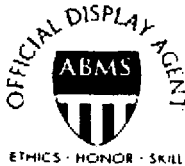
Active      Time-Limited      Initial Certification      02/28/1995 - 12/31/2005

### Education

1985 MD (Doctor of Medicine)

### Location

[REDACTED]



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# The American Board of Radiology

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the Section on Radiology of the American Medical Association,  
the American Society for Therapeutic Radiology and Oncology, the Association of  
University Radiologists, and American Association of Physicists in Medicine*

*Hereby certifies that*

**Dorthe Sophie Brandt, MD**

*Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of  
The American Board of Radiology*

*On this third day of June, 1938*

*Thereby demonstrating to the satisfaction of the Board  
that she is qualified to practice the specialty of*

**Diagnostic Radiology**



*Leah S. Conner MD.*  
President

*R.P. Hatten MD*  
Secretary-Treasurer

*M. J. C. A. D.*  
Executive Director



Certificate No. 42679

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

11/3/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 45-01589-01 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 136500.  
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 2B  
 : Exp. Date: 20140331  
 : Fee Comments: \_\_\_\_\_  
 : Decom Fin Assur Req'd: N  
 : ::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: VALLEY HEALTH SYSTEM  
Received Date: 20050217  
Docket No: 3003308  
Control No.: 136500  
License No.: 45-01589-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: /  
Check No.:           

3. COMMENTS

Signed *Rebecca Ford*  
Date 2/23/05

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 \_\_\_\_\_