

Milford Hospital  
300 Seaside Ave  
Milford CT 06460

RECEIVED  
REGION 1

'05 APR -4 PM 12:27

March 23, 2005

USNRC Region I  
475 Allendale Rd  
King of Prussia PA 19406

Greetings:

03001298


We wish to amend our byproduct materials license number 06-13611-01 as follows:

Please remove the following authorized users who are no longer at our facility:

Michael Fortgang, M.D.  
Laurel Lobovits, M.D.  
Carla Sally Rothaus, M.D.

Please contact us if you require additional information.

Respectfully submitted,

  
James Ingarra  
Radiation Safety Officer

136804

NMSS/RONI MATERIALS-002

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

3/23/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ ATTEND. 06-13611-01  
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

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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 136804.  
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: 02120  
 and : Status Code: 0  
 Regional Licensing Sections : Fee Category: 7C  
 : Exp. Date: 20121231  
 : Fee Comments: CODE 23  
 : Decom Fin Assur Req'd: N  
 : ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: MILFORD HOSPITAL  
Received Date: 20050404  
Docket No: 3001298  
Control No.: 136804  
License No.: 06-13611-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: /  
Check No.: /

3. COMMENTS

Signed M. A. Barbican  
Date 4/13/2005

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 \_\_\_\_\_