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 Denise S. White, D.O.

June 14, 2005

USNRC
 Division of Nuclear Material Safety
 Region 1
 475 Allendale Road
 King of Prussia, PA 19406

RE: License No. 29-30157-01 03033559

Booth Radiology requests an amendment to its license naming Markus Whitley, M.D. as the RSO. Dr. Whitley has the support of a consultant medical physicist, Jonathan N. Law, DABR, DABMP for radiation safety matters concerning radiation oncology.

Please call Jonathan N. Law at (609) 652-3409 if there are any questions regarding this request.

Sincerely,

Michael Ramer, M.D.
 President, CEO

MR/ng

RECEIVED
 REGION 1
 2005 JUN 17 PM 1:23

137231
 NMCS/RGNI MATERIALS-002

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

6/14/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 29-30157-01
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 137231.
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: 02200
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20140731
 : Fee Comments: _____
 : Decom Fin Assur Reqd: N
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I
 1. APPLICATION ATTACHED
 Applicant/Licensee: BOOTH RADIOLOGY
 Received Date: 20050617
 Docket No: 3033558
 Control No.: 137231
 License No.: 29-30157-01
 Action Type: Amendment

2. FEE ATTACHED
 Amount: _____
 Check No.: _____

3. COMMENTS
 Signed Rebecca J. Ford
 Date 6/29/05

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 _____