



**BRADLEY MEMORIAL HOSPITAL
And Health Center, Inc.**

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Clarence J. Silvia
President and CEO

2006 APR 20 AM 11:09

March 14, 2006

USNRC REGION I
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KING OF PRUSSIA, PA. 19406

NMSB1

DEAR SIR OR MADAM, 03012270

PLEASE AMEND OUR BYPRODUCT MATERIALS LICENSE NUMBER
06-17145-01 AS FOLLOWS:

PLEASE ADD KENNETH K. HINES, M.D. AS AN AUTHORIZED USER
FOR MATERIALS LISTED IN 10CFR.300. DR. HINES HAS BEEN
PREVIOUSLY AUTHORIZED ON STATE OF FLORIDA RADIOACTIVE
MATERIALS LICENSE NUMBER 2529-1 AT FLORIDA HOSPITAL
DELAND 701 WEST PLYMOUTH AVENUE DELAND, FLORIDA 32720.

ENCLOSED PLEASE FIND A COPY OF THE SUPPORTING DOCUMENTS.

THANK YOU FOR YOUR CONSIDERATION.

CLARENCE SILVIA
PRESIDENT
BRADLEY MEMORIAL HOSPITAL

138742
NMSB/REGION I MATERIALS-002

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF RADIATION CONTROL**

**RADIOACTIVE MATERIALS LICENSE
SUPPLEMENTAL SHEET**

**MEMORIAL HOSPITAL - WEST VOLUSIA, INC.
d/b/a Florida Hospital DeLand
701 West Plymouth Avenue
DeLand, FL 32720**

With reference to correspondence dated March 1, 2005 and received April 20, 2005, State of Florida Radioactive Materials License Number 2529-1 is hereby amended.

TO CHANGE CONDITION 12 AND 21 TO READ

CONDITIONS

12. A. The following individuals or persons under their supervision are authorized for the materials and uses as indicated.

Authorized Material and Uses as Described in Items 6, 7, 8, and 9	Names
64E-5.626, 64E-5.627 and 64E-5.630	Kenneth K. Hines, M.D.
64E-5.626, 64E-5.627 and 64E-5.630 (except gold 198)	Ajay K. Verma, M.D.
64E-5.630 and 64E-5.632 (3) and (4)	Gary Graham, M.D. Michael Pirkowski, M.D.
64E-5.626, 64E-5.627, and 64E-5.630 (except gold 198, samarium 153, strontium 89, and phosphorous 32)	John D. Engelken, M.D.
64E-5.626, 64E-5.627 and 64E-5.630 (except gold 198 and iodine 131 for the treatment of thyroid carcinoma)	Kenneth K. Hines, Jr., M.D. William E Holler, M.D. Charles E. Reckson, M.D.
64E-5.626, 64E-5.627, and 64E-5.630 (except gold 198, samarium 153, strontium 89, phosphorous 32, and iodine 131 for the treatment of thyroid carcinoma)	Jeffrey J. Bush, M.D. Gertrude C. Birkhahn, M.D.

License Number 2529-1
Amendment No. 25
Control Number 20050328-0460

LICENSEE COPY

Page 1 of 3 Page(s)

Category [5B]

Expiration Date 02/28/2010

WEST VOLUSIA MEMORIAL HOSPITAL
DELAND, FLORIDA

ADDENDUM TO APPLICATION FOR MEDICAL STAFF APPOINTMENT AND CLINICAL PRIVILEGES

1. All information should be typed.

2. If more space is needed, attach additional sheets and make reference to the question being answered.

Name in Full: **HINES, Kenneth Kay JR.**

Date of Application: **2/13/90**

DELINEATION OF MEDICAL PRIVILEGES DESIRED

YES NO

HEPATIC DISEASES

- Differential diagnosis
- Cirrhosis
- with bleeding varices
- with coma
- decompensated
- Hepatitis
- Differential diagnosis of jaundice

GASTROINTESTINAL DISEASES

- Differential diagnosis
- Peptic ulcer
- bleeding
- perforated
- obstructed
- Ulcerative colitis
- Regional ileitis
- Intestinal obstruction
- Pancreatitis
- Malabsorption
- Cholecystitis

RENAL DISEASES

- Differential diagnosis
- Nephritis
- Pyelonephritis
- Nephrosis
- Acute insufficiency
- conservative
- dialysis

PULMONARY DISEASES

- Differential diagnosis
- Pneumonia
- complicated
- uncomplicated
- Emphysema
- with pulmonary insuffic.
- with coma
- Pulmonary infarction
- Pneumothorax, spontan.

CARDIAC DISEASES

- Differential diagnosis
- Congestive heart failure
- acute
- chronic & intractable
- Coronary heart disease
- with angina
- with infarction
- with coronary insuffic.
- Bacterial endocarditis
- Cardiac arrhythmias
- Myocardial infarction
- with shock

YES NO

- with serious arrhythmias
- with cardiac arrest
- with congestive failure
- recurrent
- Rheumatic fever
- Myocarditis
- Pericarditis
- Cardiac catheterization
- Cardioversion - medical
- Cardioversion - electrical

HYPERTENSION

- Differential diagnosis
- Essential, unresponsive
- Malignant
- Complicated
- with cardiac insuffic.
- with renal insufficiency
- Toxemia of pregnancy

METABOLIC & ENDOCRINE DISEASES

- Differential diagnosis
- Diabetes Mellitus
- with acidosis
- with coma
- Thyroid conditions
- with coma
- with Thyrotoxic crisis
- Parathyroid conditions
- Pituitary conditions
- Cushing's syndrome
- Addison's disease
- Pheochromocytoma
- Aldosteronism
- Sex hormone abnormalities

COLLAGEN DISEASES

- Differential diagnosis
- Lupus erythematosus
- Periarteritis nodosa
- Thrombotic thrombocyto-
- penic purpura
- Dermatomyositis
- Scleredema
- Necrotizing Granuloma-
- tosis

ARTHRITIS

- Differential diagnosis
- Rheumatoid
- Osteoarthritis
- Gouty

HEMATOLOGICAL DISEASES

- Differential diagnosis

YES NO

- Leukemia
- acute
- chronic
- Hemorrhagic diathesis
- Primary anemia

NEUROLOGICAL DISEASES

- Differential diagnosis
- Stroke
- acute
- rehabilitation
- Meningitis - Encephalitis
- Convulsive states
- Parkinsonism
- degenerative
- demyelinating

MISCELLANEOUS

- Cancer chemotherapy
- (other than leukemia)
- Thrombophlebitis
- Acute peripheral embolism

ALLERGY

- Differential diagnosis
- Hay fever (desensitization)
- Urticaria
- Serum sickness
- Asthma
- with desensitization

BIOPSY PROCEDURES

- Liver
- Renal
- Pleural
- Lung
- Pericardial

ENDOSCOPY

- Esophagoscopy
- Gastrosocopy
- Peritoneoscopy
- Proctoscopy &
- Sigmoidoscopy
- Bronchoscopy

ASPIRATION PROCEDURES

- Thoracentesis
- Paracentesis
- Joint aspiration
- Pericardiocentesis
- Bone marrow

DELINEATION OF SURGICAL PRIVILEGES DESIRED	YES NO			YES NO			YES NO		
	YES	NO		YES	NO		YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	EYE SURGERY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Breast biopsy <i>via needle</i>	<input type="checkbox"/>	<input type="checkbox"/>	Scalenotomy
	<input type="checkbox"/>	<input type="checkbox"/>	Chalazion	<input type="checkbox"/>	<input type="checkbox"/>	Simple & radical mastectomy	<input type="checkbox"/>	<input type="checkbox"/>	Lumbar Symp.
	<input type="checkbox"/>	<input type="checkbox"/>	Pterygium	<input type="checkbox"/>	<input type="checkbox"/>	Thoracentesis & closed drainage	<input type="checkbox"/>	<input type="checkbox"/>	Thoracolumb. symp.
	<input type="checkbox"/>	<input type="checkbox"/>	Enucleation	<input type="checkbox"/>	<input type="checkbox"/>	Rib resect. for empyema	<input type="checkbox"/>	<input type="checkbox"/>	Intervertebral disks
	<input type="checkbox"/>	<input type="checkbox"/>	Corneal laceration	<input type="checkbox"/>	<input type="checkbox"/>	Thorocoplasty	<input type="checkbox"/>	<input type="checkbox"/>	VASCULAR SURGERY
	<input type="checkbox"/>	<input type="checkbox"/>	Cataract	<input type="checkbox"/>	<input type="checkbox"/>	Intrathoracic surgery	<input type="checkbox"/>	<input type="checkbox"/>	Vein ligat. & stripping
	<input type="checkbox"/>	<input type="checkbox"/>	Squint	<input type="checkbox"/>	<input type="checkbox"/>	Surgery of diaphragm	<input type="checkbox"/>	<input type="checkbox"/>	Major vascular surgery
	<input type="checkbox"/>	<input type="checkbox"/>	Dacryocystectomy	<input type="checkbox"/>	<input type="checkbox"/>	Paracentesis	<input type="checkbox"/>	<input type="checkbox"/>	Arterial grafts
	<input type="checkbox"/>	<input type="checkbox"/>	Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	Closure perforated ulcer	<input type="checkbox"/>	<input type="checkbox"/>	UROLOGICAL SURGERY
	<input type="checkbox"/>	<input type="checkbox"/>	Retinal detachment	<input type="checkbox"/>	<input type="checkbox"/>	Other gastric surgery	<input type="checkbox"/>	<input type="checkbox"/>	Nephrectomy
	<input type="checkbox"/>	<input type="checkbox"/>	Plastic on lids	<input type="checkbox"/>	<input type="checkbox"/>	Ramstedt	<input type="checkbox"/>	<input type="checkbox"/>	Pyelotomy
	<input type="checkbox"/>	<input type="checkbox"/>	EAR SURGERY	<input type="checkbox"/>	<input type="checkbox"/>	Gallbladder & common duct surgery	<input type="checkbox"/>	<input type="checkbox"/>	Ureterotomy
	<input type="checkbox"/>	<input type="checkbox"/>	Mastoidectomy	<input type="checkbox"/>	<input type="checkbox"/>	Splenectomy	<input type="checkbox"/>	<input type="checkbox"/>	Cystostomy
	<input type="checkbox"/>	<input type="checkbox"/>	Myringotomy	<input type="checkbox"/>	<input type="checkbox"/>	Pancreatic surgery	<input type="checkbox"/>	<input type="checkbox"/>	Suprapubic prostatic resect.
	<input type="checkbox"/>	<input type="checkbox"/>	NASAL SURGERY	<input type="checkbox"/>	<input type="checkbox"/>	Small and large bowel surgery	<input type="checkbox"/>	<input type="checkbox"/>	Other suprapubic bladder surg.
	<input type="checkbox"/>	<input type="checkbox"/>	Polyyps	<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	Cystostomy
	<input type="checkbox"/>	<input type="checkbox"/>	Septum	<input type="checkbox"/>	<input type="checkbox"/>	Abdominoperineal resect.	<input type="checkbox"/>	<input type="checkbox"/>	Cystoscopy & retrograde pyelogram
	<input type="checkbox"/>	<input type="checkbox"/>	Fractures	<input type="checkbox"/>	<input type="checkbox"/>	Abdominal explorat. after work-up	<input type="checkbox"/>	<input type="checkbox"/>	Transurethral cysto. & prostate surgery
	<input type="checkbox"/>	<input type="checkbox"/>	THROAT SURGERY	<input type="checkbox"/>	<input type="checkbox"/>	I & D of intra-abdominal abscesses	<input type="checkbox"/>	<input type="checkbox"/>	Hydrocele, spermatocele, varicocele
	<input type="checkbox"/>	<input type="checkbox"/>	Tonsils	<input type="checkbox"/>	<input type="checkbox"/>	Traumatic laparotomy	<input type="checkbox"/>	<input type="checkbox"/>	Vasectomy
	<input type="checkbox"/>	<input type="checkbox"/>	Tracheotomy	<input type="checkbox"/>	<input type="checkbox"/>	Simple inguinal hernia	<input type="checkbox"/>	<input type="checkbox"/>	Testicular surgery
	<input type="checkbox"/>	<input type="checkbox"/>	GENERAL SURGERY	<input type="checkbox"/>	<input type="checkbox"/>	Strangulated or recurrent hernia	<input type="checkbox"/>	<input type="checkbox"/>	Circumcision & meatotomy
	<input type="checkbox"/>	<input type="checkbox"/>	Skin tumors	<input type="checkbox"/>	<input type="checkbox"/>	Ventral or femoral hernia	<input type="checkbox"/>	<input type="checkbox"/>	Major surgery of penis
	<input type="checkbox"/>	<input type="checkbox"/>	Split thickness grafts	<input type="checkbox"/>	<input type="checkbox"/>	Pilonidal cyst	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Wolff grafts	<input type="checkbox"/>	<input type="checkbox"/>	Hemorrhoids, external	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Pedicule grafts	<input type="checkbox"/>	<input type="checkbox"/>	Hemorrhoids, internal	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Skin lacerations	<input type="checkbox"/>	<input type="checkbox"/>	Fistula in ano	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Extensive burns	<input type="checkbox"/>	<input type="checkbox"/>	Hand infections (major)	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Parotid gland surgery	<input type="checkbox"/>	<input type="checkbox"/>	Hand infections (minor)	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Lip and tongue surgery	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Ranula	<input type="checkbox"/>	<input type="checkbox"/>	NEUROLOGICAL SURGERY	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Epulis	<input type="checkbox"/>	<input type="checkbox"/>	Skull fractures	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Resection of jaw	<input type="checkbox"/>	<input type="checkbox"/>	Craniotomy	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Thyroglossal ducts	<input type="checkbox"/>	<input type="checkbox"/>	Laminectomy	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Branchial clefts	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Pharyngo-esoph. divertic.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Thyroidectomy	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Phrenic nerve	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

DELINEATION OF GYNECOLOGICAL PRIVILEGES DESIRED	YES NO			YES NO			YES NO		
	YES	NO		YES	NO		YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	D & C - diagnostic	<input type="checkbox"/>	<input type="checkbox"/>	Hysterectomy, abdominal total	<input type="checkbox"/>	<input type="checkbox"/>	Ureteral transplant
	<input type="checkbox"/>	<input type="checkbox"/>	I & D - Bartholin duct abscess	<input type="checkbox"/>	<input type="checkbox"/>	total } with or without subtotal } adnexae	<input type="checkbox"/>	<input type="checkbox"/>	Incisional hernia repair
	<input type="checkbox"/>	<input type="checkbox"/>	Bartholin duct cystectomy	<input type="checkbox"/>	<input type="checkbox"/>	Uterine suspension	<input type="checkbox"/>	<input type="checkbox"/>	Fundectomy
	<input type="checkbox"/>	<input type="checkbox"/>	Biopsy of vulva	<input type="checkbox"/>	<input type="checkbox"/>	Presacral neurectomy	<input type="checkbox"/>	<input type="checkbox"/>	Salpingostomy
	<input type="checkbox"/>	<input type="checkbox"/>	Biopsy of cervix	<input type="checkbox"/>	<input type="checkbox"/>	Marshall-Marchetti	<input type="checkbox"/>	<input type="checkbox"/>	Skin grafting
	<input type="checkbox"/>	<input type="checkbox"/>	Conization of cervix - cold knife	<input type="checkbox"/>	<input type="checkbox"/>	Pubovesicourethral susp.	<input type="checkbox"/>	<input type="checkbox"/>	Urethral caruncle-fulguration
	<input type="checkbox"/>	<input type="checkbox"/>	Conization of cervix - hot knife	<input type="checkbox"/>	<input type="checkbox"/>	Radium insertion, cervix (Ernst)	<input type="checkbox"/>	<input type="checkbox"/>	Umbilical hernia repair
	<input type="checkbox"/>	<input type="checkbox"/>	Perineotomy	<input type="checkbox"/>	<input type="checkbox"/>	Radium insertion, uterus (Heymans)	<input type="checkbox"/>	<input type="checkbox"/>	LaForte vaginal repair
	<input type="checkbox"/>	<input type="checkbox"/>	Perineorrhaphy	<input type="checkbox"/>	<input type="checkbox"/>	Hysterectomy, radical, Wertheim	<input type="checkbox"/>	<input type="checkbox"/>	Manchester-Fothergill operation
	<input type="checkbox"/>	<input type="checkbox"/>	Repair of rectocele	<input type="checkbox"/>	<input type="checkbox"/>	Exenteration, complete	<input type="checkbox"/>	<input type="checkbox"/>	Repair/rectovaginal fistula
	<input type="checkbox"/>	<input type="checkbox"/>	Repair of enterocele	<input type="checkbox"/>	<input type="checkbox"/>	Exenteration, anterior	<input type="checkbox"/>	<input type="checkbox"/>	Repair/vesicovaginal fistula
	<input type="checkbox"/>	<input type="checkbox"/>	Repair of cystourethrocele	<input type="checkbox"/>	<input type="checkbox"/>	Exenteration, posterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sturmdorf repair of cervix
	<input type="checkbox"/>	<input type="checkbox"/>	Excision of Skenes duct cyst	<input type="checkbox"/>	<input type="checkbox"/>	Salpingectomy	<input type="checkbox"/>	<input type="checkbox"/>	Hysterosalpingogram
	<input type="checkbox"/>	<input type="checkbox"/>	Excision of urethral caruncle	<input type="checkbox"/>	<input type="checkbox"/>	Oophorectomy	<input type="checkbox"/>	<input type="checkbox"/>	Meckel's diverticulum
	<input type="checkbox"/>	<input type="checkbox"/>	Vulvectomy - simple	<input type="checkbox"/>	<input type="checkbox"/>	Hypogastric aa. ligation	<input type="checkbox"/>	<input type="checkbox"/>	Hymenectomy
	<input type="checkbox"/>	<input type="checkbox"/>	Vulvectomy - radical with groin dissection	<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	Wedge resection of ovaries
	<input type="checkbox"/>	<input type="checkbox"/>	Vulvectomy - radical with groin dissection & hypogastric nodes	<input type="checkbox"/>	<input type="checkbox"/>	Hymenotomy	<input type="checkbox"/>	<input type="checkbox"/>	Hydatid mole evacuation
	<input type="checkbox"/>	<input type="checkbox"/>	Hysterectomy, vaginal	<input type="checkbox"/>	<input type="checkbox"/>	Incompetent os surgery	<input type="checkbox"/>	<input type="checkbox"/>	Salpingoplasty
	<input type="checkbox"/>	<input type="checkbox"/>	Schauta Operation	<input type="checkbox"/>	<input type="checkbox"/>	Repair surgical rent of bladder, bowel	<input type="checkbox"/>	<input type="checkbox"/>	Tubal implantation into uterus
						Ureteral repair	<input type="checkbox"/>	<input type="checkbox"/>	Closure of vaginal fistula
							<input type="checkbox"/>	<input type="checkbox"/>	Evacuation of pelvic abscesses

DELINEATION OF GYNECOLOGICAL PRIVILEGES DESIRED (Continued)	YES	NO		YES	NO		YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Evisceration repair	<input type="checkbox"/>	<input type="checkbox"/>	Colpotomy-exploratory	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Colpectomy	<input type="checkbox"/>	<input type="checkbox"/>	Trachelomy	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Pessary insertion	<input type="checkbox"/>	<input type="checkbox"/>	Perineoplasty	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Plastic construction of vagina with skin graft for congenital absence	<input type="checkbox"/>	<input type="checkbox"/>	Removal of foreign body from vagina & uterus	<input type="checkbox"/>	<input type="checkbox"/>

DELINEATION OF OBSTETRICAL PRIVILEGES DESIRED	YES	NO		YES	NO		YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Spont. delivery, vertex presentation	<input type="checkbox"/>	<input type="checkbox"/>	Treatment of medical complications of obstetrics-heart, lungs, kidney, anemia, diabetes, etc.	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	emergency non-emergency	<input type="checkbox"/>	<input type="checkbox"/>	Piper forceps application to aftercoming head	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Episiotomy & repair	<input type="checkbox"/>	<input type="checkbox"/>	Extraperitoneal Cesarean section	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Breech Delivery	<input type="checkbox"/>	<input type="checkbox"/>	Repair of uterine lacerations	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Multipara	<input type="checkbox"/>	<input type="checkbox"/>	Repair of vaginal lacerations	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Primigravida	<input type="checkbox"/>	<input type="checkbox"/>	Abdominal pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Frank	<input type="checkbox"/>	<input type="checkbox"/>	Destructive operations - fetus craniotomy, basiotripsy, decapitation, cranial puncture, cranioclastis, cleidotomy	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Footling	<input type="checkbox"/>	<input type="checkbox"/>	Colpocentesis	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Multiple pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	Colpotomy	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Low forceps - occiput anterior	<input type="checkbox"/>	<input type="checkbox"/>	Culdoscopy	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Mid forceps delivery	<input type="checkbox"/>	<input type="checkbox"/>	Amniotomy	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Pre-eclampsia	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Cesarean section for hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Mild	<input type="checkbox"/>	<input type="checkbox"/>	Anesthesia - pudendal block, local	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	<input type="checkbox"/>	General spinal } emergency	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Severe	<input type="checkbox"/>	<input type="checkbox"/>	Evacuation of vulvar hematoma	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Eclampsia	<input type="checkbox"/>	<input type="checkbox"/>	Circumcision of infant	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Cesarean section	<input type="checkbox"/>	<input type="checkbox"/>	Repair of 3rd & 4th degree lacerations	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	classical	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	low cervical	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Version & extraction	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Manual removal of placenta	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Dührssen's Incisions	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Repair of cervical lacerations	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Cesarean hysterectomy	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Cesarean Wertheim	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Hypogastric aa. ligation	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Ectopic pregnancy - Salpingectomy	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

DELINEATION OF PEDIATRIC PRIVILEGES DESIRED	YES	NO		YES	NO		YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	MINOR SURGICAL PROCEDURES	<input type="checkbox"/>	<input type="checkbox"/>	CARDIOVASCULAR	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	I & D abscess	<input type="checkbox"/>	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Circumcision	<input type="checkbox"/>	<input type="checkbox"/>	Congenital heart disease	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meatotomy	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic heart disease	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Spinal tap	<input type="checkbox"/>	<input type="checkbox"/>	Subacute bacterial endocarditis	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Cut down	<input type="checkbox"/>	<input type="checkbox"/>	Management of failure	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Subdural tap	<input type="checkbox"/>	<input type="checkbox"/>	Cardiac regulators	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Thoracentesis	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Paracentesis	<input type="checkbox"/>	<input type="checkbox"/>	ALLERGIC DISORDERS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Pericardiocentesis	<input type="checkbox"/>	<input type="checkbox"/>	Uncomplicated asthma	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Complicated asthma	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	MAJOR SURGICAL PROCEDURES	<input type="checkbox"/>	<input type="checkbox"/>	Serum sickness	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	See Surgical Privileges	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Postoperative Care	<input type="checkbox"/>	<input type="checkbox"/>	ENDOCRINE METABOLIC DISORDERS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Diabetes, uncomplicated	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	MEDICAL PEDIATRIC CARE	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes in severe acidosis	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Uncomplicated infections of:	<input type="checkbox"/>	<input type="checkbox"/>	Diseases of Thyroid	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	respiratory tract	<input type="checkbox"/>	<input type="checkbox"/>	Diseases of adrenal gland	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	gastrointestinal tract	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	DISTURBANCE OF WATER & ELECTROLYTE BALANCE	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	skin	<input type="checkbox"/>	<input type="checkbox"/>	mild	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	peripheral nervous system	<input type="checkbox"/>	<input type="checkbox"/>	moderate	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Complicated infections of same	<input type="checkbox"/>	<input type="checkbox"/>	severe	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Fever of undetermined origin	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Central nervous system infections	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Excision of vulvar lesions at delivery

Excision of vaginal cysts

Uterine packing

Curettage

Abortion

Postpartum

Resuscitation of infant

Cervical biopsy during pregnancy - also conization of cervix

Repair of incompetent internal cervical os - cerclage, etc.

Inversion of uterus

Hemorrhoid excision

Amniocentesis

Management of fetal death in utero - Intra-amniotic injection of hypertonic solutions

Induction of labor - medical surgical

DISEASES OF BLOOD & BLOOD-FORMING ORGANS

Leukemia

Aplastic anemia

Hemolytic anemia

Hemophilia

Iron deficiency anemia requiring transfusion

MISCELLANEOUS

Lipodystrophies

Collagen diseases

Nephritis & nephrosis

Emotional disorders

Disturbances of growth & development

Steroid therapy over 1-week duration

NURSERY PRIVILEGES

Routine newborn care

Circumcision

Clip frenulum

PREMATURE INFANT CARE

Without complication - over 4 lbs.

WEST VOLUSIA HOSPITAL
SUPPLEMENTAL FORM FOR DEPARTMENT OF RADIOLOGY PROCEDURES:

KENNETH K. HINES JR., MD
124 E. Welbourne Ave.
Winter Park, FL 32789

REQUESTED PROCEDURES IN RADIOLOGY

ARTERIOGRAPHIC PROCEDURES

ABDOMINAL AORTAGRAM
THORACIC AORTAGRAM
ABDOMINAL AORTAGRAM + BILATERAL
FEMORAL RUNOFF
AXILLARY APPROACH FOR AORTAGRAM
WITH FEMORAL RUNOFF
RENAL ARTERIOGRAM
RENAL VENOGRAM WITH RENINS
VISCERAL ANGIOGRAPHY
PULMONARY ANGIOGRAPHY
AORTIC ARCH + CAROTID
ANGIOGRAPHY
AORTIC ARCH + 4 VESSEL CEREBRAL
ANGIOGRAPHY
AORTIC ARCH + SUBCLAVIAN
ANGIOGRAPHY
OTHER NONCARDIAC ANGIOGRAPHY

DIGITAL INTRAVENOUS INJECTIONS FOR STUDIES OF VEINS OR
ARTERIES:

ARCH + CAROTID ARTERIES
ARCH + CEREBRAL ARTERIES
ABDOMINAL AORTAGRAM
AORTAGRAM WITH FEMORAL RUNOFF
AORTAGRAM WITH RENAL ARTERIES
PULMONARY ANGIOGRAPHY
UPPER EXTREMITY VENOGRAM
SUPERIOR VENA CAVAGRAM
INFERIOR VENA CAVAGRAM
A-V FISTULOGRAM

ANGIOPLASTIES:

ILIAC ARTERIES
SUPERFICIAL FEMORAL ARTERY
RENAL ARTERIES
POPLITEAL ARTERIES
PROFUNDA FEMORAL ARTERY
FEMORAL-POPLITEAL GRAFT STENOSIS
OTHER PERIPHERAL ANGIOPLASTIES

FMH**FISH MEMORIAL HOSPITAL**

245 EAST NEW YORK AVENUE
P.O. BOX 167
DELAND, FLORIDA 32721-0167
Telephone (904) 734-2323
March 2, 1990

Office of the Registrar
College of Medicine
University of Florida
Gainesville, Florida 32610

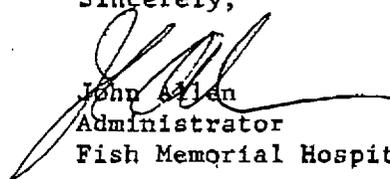
Dear Registrar:

Both Fish Memorial Hospital and West Volusia Memorial Hospital have received an application for Medical Staff appointment with clinical privileges from Kenneth K. Hines, Jr., M.D.

Dr. Hines indicates that he received his medical education at the College of Medicine, University of Florida, graduating with his M.D. degree in June, 1984. Would you kindly confirm this and supply any additional information that may be helpful to the Qualifications and Credentials Committees of the two hospitals.

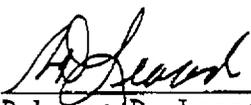
Thank you for your attention to this request.

Sincerely,


John Allen
Administrator
Fish Memorial Hospital

JA/bg

This is to certify that Kenneth K. Hines, Jr. attended the University of Florida College of Medicine from September 8, 1980 to June 1, 1984 and was graduated with the M.D. Degree, June 2, 1984.


Rebecca D. Leacock
Senior Admissions/Registrar's Office
College of Medicine
March 13, 1990

5/1/90



No signature, no initial -
+ not on letterhead - so
I attached the envelope
this came in - has
appropriate return address
Bulley

Director of Post Graduate Study
Department of Radiology
Erie County Medical Center
462 Grider Street
Buffalo, New York 14215

Dear Director:

Kenneth K. Hines, Jr., M.D., has applied to Fish Memorial Hospital and West Volusia Memorial Hospital for appointment to the Medical Staff with clinical privileges in Diagnostic Radiology at the two facilities. Dr. Hines states that he was affiliated with your institution as a participant in the Post Graduate Study (Residency) program in Radiology from July, 1984, until June, 1988.

To aid us in thoroughly evaluating Dr. Hines' capabilities and qualifications, we request the following information:

- A. Participant in your program from July 1 1984 to June 30, 1988
- B. Successfully completed? Yes X No _____
- C. Any sanctions or other disciplinary actions taken against the applicant during his association with your facility? NO If "Yes," please explain:

Any other information you feel may be of help to us in considering the applicant's appointment to our staffs will be accepted with gratitude.

Date of Verification: 4/26/90

Person Verifying: George Alker, M.D.

Title: Professor & Chairman, Dept of Radiology
Program Director, Radiology Residency

Your prompt attention to this request will be appreciated by the applicant and by the hospitals. In accordance with the Bylaws for each, we cannot proceed further on this application until we have all of the relevant information.

Sincerely,
John Allen
John Allen
Administrator

nu ology



FISH MEMORIAL HOSPITAL



245 EAST NEW YORK AVENUE
P.O. BOX 167
DELAND, FLORIDA 32721-0167
Telephone (904) 734-2323

March 2, 1990

Director of Post Graduate Study (Residency) Program
Children's Hospital of Buffalo
219 Bryant Street
Buffalo, New York 14222

Dear Director:

Kenneth K. Hines, Jr., M.D., has applied to Fish Memorial Hospital and West Volusia Memorial Hospital for appointment to the Medical Staffs with clinical privileges at the two facilities. Dr. Hines states that he was affiliated with your institution as a participant in the Post Graduate Study (Residency) program from July, 1988, to June, 1989.

To aid us in thoroughly evaluating Dr. Hines' capabilities and qualifications, we request the following information:

- A. Participant in your program from July 88 to June 89.
- B. Successfully completed? Yes ✓ No _____
- C. Any sanctions or other disciplinary actions taken against the applicant during his association with your facility? no If "Yes," please explain:

Any other information you feel may be of help to us in considering the applicant's appointment to our staffs will be accepted with gratitude.

Date of Verification: 3-15-90 - *Ken is an outstanding radiologist - highly recommended*
Person Verifying: Janet Kula - Chairman Dept Radiology *JK*
Title: _____

Your prompt attention to this request will be appreciated by the applicant and by the hospitals. In accordance with the Bylaws for each, we cannot proceed further on this application until we have all of the relevant information.

Sincerely,

John Allen
Administrator

Florida Hospital DeLand
701 W. Plymouth Avenue
DeLand, Florida 32720
(386)943-4865

2/11/2005

SUBJECT: Verification of Hospital Privileges
RE: Hines, Jr., Kenneth K, M.D.

Regarding the above named practitioner, a review of our records indicates the following :

Medical Staff Category/Status: Active
Department/Specialty: Radiology & Nuclear Medicine/Radiology
Appointment Date: 3/12/1990

Listed below are the current privileges of Dr. Hines, Jr. at Florida Hospital DeLand.

Approved Privileges

Routine Radiographic procedures

Routine Fluoroscopic procedures

Computerized tomography

Nuclear studies

Radiolotope Studies

I-31 Therapy

Upper GI Studies

Esophagram with cineradiography

Small bowel studies

Barium enema studies

Florida Hospital DeLand
701 W. Plymouth Avenue
DeLand, Florida 32720
(386)943-4865

2/11/2005

Sialogram

Cholecystogram

Percutaneous cholangiograms

Fluoroscopic control and assistance
with needle biopsy of organsInjection of sinus tracts, fistula
or cysts with opaque media

IV pyelograms - plain and infusion

Urethrograms

Hystosalpingograms

Nuclear Cardiology

Mammography

Myelograms

Arthrograms

Cerebral arteriograms with cc catheter
or needlePeripheral arteriograms, needle and
catheter

Venograms - percutaneous and catheter

Aortograms - percutaneous and catheter

Florida Hospital DeLand
701 W. Plymouth Avenue
DeLand, Florida 32720
(386)943-4865

2/11/2005

Ultrasonic diagnostic studies

Needle localization of breast lesions

Intra-Arterial Thrombolysis

Percutaneous Biliary Drainage and/or Stone
Removal

Nephrostomy Procedures (including stone
removal)

Biliary Lithotripsy

Percutaneous Stent Placement

Percutaneous Biopsies and Drainage Procedures

Stereotactic Breast Core Biopsy

Breast Aspiration

or Core Biopsy or FNABX

Transcatheter Embolization: Arteries/Veins

Intra-arterial Perfusion Vasopression

Percutaneous Transluminal Angioplasty

plus Stent Placement

Visceral Arteriograms

Pulmonary Arteriograms

Florida Hospital DeLand
701 W. Plymouth Avenue
DeLand, Florida 32720
(386)943-4865

2/11/2005

IVC (Greenfield) Filter Placement

Percutaneous Arterial/Venous Thrombolytic TX

Thoracentesis

Paracentesis

Central Line Placement

MRI - Imaging and Guided Biopsy

Moderate Sedation

End of Response

FLORIDA HOSPITAL DELAND
MEDICAL STAFF REAPPOINTMENT SIGNATURE SHEET

As Vice-Chairman of the Department of Radiology, I have observed **KENNETH K. HINES, JR., M.D.**, during the past reappointment period. Obligations of medical staff membership have been met. Based upon performance improvement monitors, performance of clinical skills, physical and emotional health and personal relationships with all professionals, I recommend reappointment to the Medical Staff with the clinical privileges requested, with the following exceptions:

None
Specify, with reason:

Staff Category Recommended: ACTIVE

COMMENTS: OUTSTANDING RADIOLOGIST

[Signature] 8/23/03
Vice-Chairman of the Department Date

This application, and all supporting documentation and information, has been investigated and reviewed by the Credentials Committee, which recommends as follows:

Concurs with Recommendations from Department Vice-Chair
 Other

[Signature] 8/26/03
Chairman, Credentials Committee Date

This application, and all supporting documentation and information, has been investigated and reviewed by the Medical Executive Committee, which recommends as follows:

Concurs with Recommendations from Department Vice-Chair and Credentials Committee
 Other

[Signature] 9/12/03
Chief of Staff/Chairman, Medical Executive Committee Date

This application, and all supporting documentation and information, has been investigated and reviewed by the Florida Hospital DeLand Board of Directors, which took the following action:

Application for Medical Staff Reappointment, with clinical privileges recommended, including any limitations or exceptions as indicated, is **APPROVED**.
 Other

[Signature] 9/30/03
Chairman (OR Designee), Board of Directors Date

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

3/14/2006, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 06-17145-01 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** 138742.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI)
(6-96)

Sincerely,
Licensing Assistance Team Leader