

CENTER FOR UROLOGIC CARE

OF BERKS COUNTY, PC

BARRY S. SHULTZ, M.D., F.A.C.S.
JOSEPH V. LEONI, M.D., F.A.C.S.
JAY B. MILLER, M.D., F.A.C.S.
JOHN M. HENRY, M.D., F.A.C.S.
STEPHEN A. SIHELNIK, M.D., F.A.C.S.

ALAN N. FLEISCHER, M.D., F.A.C.S.
CONSTANTINE F. HARRIS, M.D.
JUNG P. LEE, M.D., F.A.C.S.
DEBORAH T. CASTELLUCCI, C.R.N.P., Ph.D.

Br. 1

Licensing Assistance Section

August 30, 2006

Nuclear Materials Safety Branch
U.S. Nuclear Regulatory Commission – Region 1
475 Allendale Rd.
King of Prussia, PA 19406-1415

LL 31185
03037332
02200

2006 AUG 31 AM 10:38

RECEIVED
REGION 1

Dear Sir or Madam:

(37-31185-01)

Please find our check for \$2,100.00 attached for the purpose of the review of this application for an NRC byproduct material under the current 10 CFR 35 regulations with the assistance of NUREG 1556 Vol. 9 Rev. 1 (May, 2005). Specifically: 8.5, 8.6, 8.7, 8.8, 8.9, 8.10, 8.11, 8.13, 8.14, 8.15, 8.16, 8.22, 8.23, 8.25, 8.28, and 8.42 as they apply to our program. Additionally, please find attached: our signed NRC 313 form and diagrams of our operational areas of use, and this letter providing additional details for items 5-11 of NRC 313. The licensee is to be: Center for Urologic Care of Berks County, P.C. 1320 Broadcasting Road, Suite 200, Wyomissing, PA 19610.

Items 5 and 6: Radioactive Material and Use

We wish to be licensed for the following material categories and associated quantities:

Low dose rate brachytherapy sources, provided by 10 CFR 35.400 to include the following procedures performed: I-125 prostate seed implants—possession limit 500 mCi.

Item 7: Radiation Safety Officer, Authorized Users, and Authorized Medical Physicists

We delegate Rene Smith, Ph.D., as our R.S.O. He was previously listed as RSO of Reading Hospital & Medical Center (37-00485-04) within the past seven years. N.R.C. license.

We wish the following authorized users:

Albert Yuen, M.D. for 10 CFR 35.400 prostate seed procedures
Michael L. Haas, M.D. for 10 CFR 35.400 prostate seed procedures
Lesley Hughes, M.D. for 10 CFR 400 prostate seed procedures (previously NRC-licensed under 37-28359-01 within the last seven years)

139342
NMSS/RGNI MATERIALS-002

With the following authorized medical physicists who are currently on Reading Hospital & Medical Center's license(37-00485-04): Renee Smith, Ph.D. and Chandra Kota, Ph.D.

Item 8: Safety Instructions for Individuals Working in or Frequenting Restricted Areas

We will provide radiation safety instructions initially and annually as required by 10 CFR 19.12 and 10 CFR 35.27. We confirm that we are financially prepared to be responsible for the decommissioning of all sealed sources in our possession.

Item 9: Facility Diagram

Diagrams are enclosed that describe the facilities and identifies activities conducted in all contiguous areas surrounding the area(s) of use. We will receive packages, prepare doses, store our sealed sources and store new or unused seeds in area designated as the locked and "Caution Radioactive Materials" placarded basement "hot lab". The diagram includes the following information: Description of the area of package receipt, storage, preparation, and administration of radioactive materials and radioactive waste storage. All sources will be shielded and doses prepared behind a standard ½" L-block shield. Remote handling devices will be used as needed.

Item 9: Radiation Monitoring Equipment

We have 2 Ludlum Model 14 C G.M. radiation survey meters with 44-9 pancake probes. Our radiation survey meters are calibrated annually by a person qualified (by virtue of the fact that they are trained personnel in an NRC or Agreement State-licensed facility) to perform radiation survey calibrations. We reserve the right to upgrade our survey instruments, as necessary, as long as they are adequate to measure the type and intensity of radiation for which they are used. We will use the well scintillation counter at Reading Hospital and Medical Center for any required wipe or leak tests.

Item 9: Dose Assay

We will receive the seeds already assayed before they arrive onsite. A third party will assay the seeds after their manufacturing and prior to their shipment to our facility.

Item 9: Other Equipment

We have the following additional radiation safety equipment:

1. ¼" Lead-L-block
2. ¼" Lead radioactive waste containers
3. ¼" Leaded sealed source containers
4. Remote handling tongs
5. Bard Seed Loader, as needed
6. ¼" Leaded source transport container

Item 10: Occupational Dose (Personnel Monitoring)

Either we will perform a prospective evaluation demonstrating that unmonitored individuals are not likely to receive, in one year, a radiation dose in excess of 10% of the allowable limits of 10 CFR 20, or we will provide monitoring dosimetry that meets the requirements listed under "Criteria" (10 CFR 20.1502) in NUREG-1556 Vol. 9, Rev. 1, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Use Licensees."

Item 10: Radiation Area Surveys

We have developed and will implement and maintain written procedures for area surveys in accordance with 10 CFR 20.1101, 10 CFR 20.1501, and 10 CFR 35.70. We have developed and will implement and maintain written package-opening procedures that meet the requirements of 10 CFR 20.1906.

Item 10: Spill (Seed Control) Procedures

We have developed and will implement and maintain written procedures for safe response to "spills" of radioactive seeds in accordance with 10 CFR 20.1101, 10 CFR 35.12, and 10 CFR 35.410.

Item 11: Radioactive Waste Management

We have developed and will implement and maintain written radioactive waste disposal procedures for licensed material in accordance with 10 CFR 20.1101, that also meets the requirements of the applicable section of Subpart K of 10 CFR 20 and 10 CFR 35.92. Our policy will be to return any unused seeds to the manufacturer of origin prior to possessing them for 6 months. This is to obsolesce the need to inventory or leak test the sources prior to return of the unused seeds to the manufacturer within 6 months of delivery.

Additionally, we will train all ancillary staff (as per 10 CFR 19.12 and 10 CFR 35.410), who assist with the receipt of the radioactive seeds, to safely and securely carry out their duties initially and provide a review annually thereafter. Our receipt procedure is to have the FedEx carrier deliver the radioactive seed container to the hot lab and relock the hot lab upon departure. Delivery will only be during operating hours. The carrier will be escorted to and from the hot lab. All prostate patient radioactive seed procedures will have a written directive, including amended written directives according to 10 CFR 35.41, as required. No research procedures will be performed. All doses will have a second dose verification prior to delivery of the seeds. All patients will be surveyed prior to release. None will be released with exposure readings exceeding 1 mR/hr at one meter. We will implement and maintain emergency procedures in accordance with 10 CFR 35.410, 415, 3045, and 3047. All seeds will be ordered by the AMPs following the AU's written directive.

Please also find attached a copy of the letter from Reading Hospital & Medical Center pertaining to approval to accept patients on an emergency basis.

For operational questions contact Alan Fleischer, M.D. at 610-372-8995. For technical questions pertaining to this application contact Walter L. Robinson, M.S. at 717-291-9813 x 1.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alan N. Fleischer', with a long horizontal flourish extending to the right.

Alan N. Fleischer, M.D.
Shareholder/Owner

<p>NRC FORM 313 U. S. NUCLEAR REGULATORY COMMISSION</p> <p>(8-1999) 10 CFR 30, 32, 33 34, 35, 38, 39 and 40</p> <p style="text-align: center;">APPLICATION FOR MATERIAL LICENSE</p>	<p>APPROVED BY OMB: NO. 3150-0120 EXPIRES: 08/31/2002</p> <p>Estimated burden per response to comply with this mandatory information collection request 7.4 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records Management Branch (T-6 E8), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE08-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.</p>
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INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

<p>APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:</p> <p>DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001</p> <p>ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:</p> <p>IF YOU ARE LOCATED IN:</p> <p>CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:</p> <p>LICENSING ASSISTANT SECTION NUCLEAR MATERIALS SAFETY BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION I 475 ALLENDALE ROAD KING OF PRUSSIA, PA 19408-1415</p> <p>ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:</p> <p>SAM NUNN ATLANTA FEDERAL CENTER U.S. NUCLEAR REGULATORY COMMISSION, REGION II 61 FORSYTH STREET, S.W., SUITE 23T85 ATLANTA, GEORGIA 30303-8931</p>	<p>IF YOU ARE LOCATED IN:</p> <p>ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:</p> <p>MATERIALS LICENSING SECTION U.S. NUCLEAR REGULATORY COMMISSION, REGION III 601 WARRENVILLE RD. LISLE, IL 60532-4351</p> <p>ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:</p> <p>NUCLEAR MATERIALS LICENSING SECTION U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 811 RYAN PLAZA DRIVE, SUITE 400 ARLINGTON, TX 76011-8064</p>
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PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

<p>1. THIS IS AN APPLICATION FOR (Check appropriate item)</p> <p><input checked="" type="checkbox"/> A. NEW LICENSE</p> <p><input type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER _____</p> <p><input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____</p>	<p>2. NAME AND MAILING ADDRESS OF APPLICANT (Include Zip code)</p> <p>Center for Urologic Care of Berks Co. Spring Ridge Medical Center, Suite 200 1320 Broadcasting Rd. Wyomissing, PA 19610</p>
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<p>3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED</p> <p>Same as 2.</p>	<p>4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION</p> <p>Alan Fleischer M.D.</p> <p>TELEPHONE NUMBER</p> <p>610-372-8995 x131</p>
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SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

<p>5. RADIOACTIVE MATERIAL.</p> <p>a. Element and mass number, b chemical and/or physical form; and c. maximum amount which will be possessed at any one time.</p>	<p>6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.</p>		
<p>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE</p>	<p>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.</p>		
<p>9. FACILITIES AND EQUIPMENT.</p>	<p>10. RADIATION SAFETY PROGRAM.</p>		
<p>11. WASTE MANAGEMENT.</p>	<p>12. LICENSEE FEES (See 10 CFR 170 and Section 170.31)</p> <table style="width:100%;"> <tr> <td style="width: 70%;">FEE CATEGORY</td> <td style="width: 30%;">AMOUNT ENCLOSED \$ 2100</td> </tr> </table>	FEE CATEGORY	AMOUNT ENCLOSED \$ 2100
FEE CATEGORY	AMOUNT ENCLOSED \$ 2100		

13. CERTIFICATION (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 38, 39 AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE	SIGNATURE	DATE
X Alan N. Fleischer, MD Shareholder/owner	X	08/29/2006

FOR NRC USE ONLY					
TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

TRANSFER AGREEMENT

Between

**CENTER FOR UROLOGIC CARE OF BERKS COUNTY, PC d/b/a
BERKS UROLOGIC SURGERY CENTER
And THE READING HOSPITAL AND MEDICAL CENTER**

This Agreement made this 14 of April, 2004 by and between the Center for Urologic Care of Berks County, PC d/b/a Berks Urologic Surgery Center, ("Facility") 1320 Broadcasting Road, Ste 210, Wyomissing PA 19610 and The Reading Hospital and Medical Center, ("Hospital") Sixth Avenue and Spruce Street, West Reading, PA 19611.

WHEREAS, Hospital and Facility, in the interest of providing quality patient care, desire to enter into this Agreement to set forth the duties and obligations of the parties with respect to the transfer of patients from Facility to Hospital to assure continuity of patient care.

NOW, THEREFORE, in consideration of mutual covenants contained herein, the parties agree as follows:

1. Patients may be transferred from Facility to Hospital at any time during the course of their admission to Facility, upon the order of their attending physician, in order to obtain the appropriate level of medical care required by the patient.
2. Hospital agrees to provide prompt availability of its patient care services to patients transferred from the Facility and Hospital shall consider such transfers an emergency priority, to the extent possible, depending upon the patient's medical needs, and availability of space, equipment and personnel at Hospital to treat the patient.
3. Facility will attempt to stabilize the patient, to the extent possible within its capability, prior to transfer in order to minimize the risk of significant deterioration of the patient's health during the transfer.
4. Facility agrees to notify the Hospital of the anticipated transfer as far in advance as reasonably possible, and to provide the following information prior to transfer:
 - a. Patient's Name;
 - b. Referring/admitting physician's name and phone number;
 - c. Type of admission;
 - d. Diagnosis and other pertinent medical information;
 - e. Services requested;
 - f. Procedures to be performed;
 - g. Estimated length of stay;
 - h. Insurance information (managed care clearance, if appropriate)

5. Facility agrees to send with each patient, at the time of transfer, copies of all medical records available at that time, including, but not limited to physicians' orders, operative and recovery room notes.
6. Facility will arrange for the transportation of the patient to Hospital by qualified personnel and transportation equipment. Any transportation expenses incurred shall be the responsibility of the patient.
7. It is understood that the patient's personal effects, including, but not limited to money, valuables, dentures, glasses and hearing aids, will be transferred with the patient along with any information related to these items. Neither Facility nor Hospital shall be held responsible for any such personal effects.
8. The medical records of each party will remain the property of that party. However, a copy of Facility's record, which shall accompany the patient to the Hospital, shall be the property of Hospital.
9. All charges incurred in the transfer to and the treatment of a patient at Hospital shall be the sole responsibility of the patient and the parties agree to so notify the patient or their next of kin.
10. The parties agree to abide by their respective policies of nondiscrimination of patients and personnel in regard to sex, age, race, color, creed, national origin, handicap or any other class protected by law. The parties shall comply with requirements and provisions of all federal, state and local laws pertaining to equal opportunity.
11. The parties agree that this Agreement contains the entire agreement between the parties and supersedes all prior oral and written agreements, understandings, commitments and practices between the parties. No amendment to this Agreement may be made unless it is in writing and signed by the parties.
12. Neither party shall use the name of the other party in any promotional or advertising material unless prior approval is obtained from the party whose name is to be used.
13. Neither party shall assume any responsibility for the billing or collection of any accounts receivable for the other party.
14. Each party assumes full responsibility for its own maintenance and operations. Nothing in this Agreement shall in any way alter or affects the independent operation of either party. Each party is an independent contractor and not an agent of the other party. Neither party shall be liable for any debts, obligations or claims of a financial or legal nature incurred by the other party.

15. Nothing in this Agreement shall be construed as limiting the right of either party to affiliate or contract with any other party on either a limited or general basis while this Agreement is in effect.
16. Any notices given hereunder shall be sufficient if given in writing and delivered in person or sent by register or certified mail, postage prepaid, addressed as follows:

If to Facility: Joseph V. Leoni, MD
Medical Director
Berks Urologic Surgery Center
1320 Broadcasting Road, Ste 210
Wyomissing PA 19610

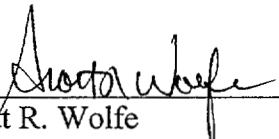
If to Hospital: The Reading Hospital and Medical Center
Sixth Avenue and Spruce Street
West Reading PA 19611
Attn: Scott R. Wolfe, Senior Vice President and COO

This Agreement shall remain in effect for one (1) year from the effective date stated above and will automatically renew for subsequent year terms unless terminated in accordance with Paragraph 17 herein, or immediately upon one of the following occurrences:

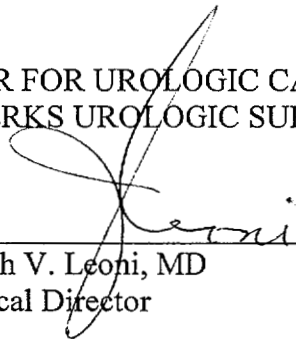
- The license of either party is revoked or subject to revocation; or
 - Accreditation or other approval of either party is revoked or subject to revocation; or
 - Either party is determined to be a Sanctioned Provider as defined in Exhibit "A" attached hereto.
17. This Agreement may be terminated by either party upon thirty (30) days' written notice to the other party, or at any time by mutual agreement of the parties.
 18. The parties agree that they shall maintain as confidential, and not disclose to others without the appropriate authorization, any confidential or proprietary information that they may obtain during the term of this Agreement including but not limited to patient information. The parties further agree to comply with all federal and state privacy requirements, including HIPAA regulations, as may be applicable to any patient information obtained during the term of this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed on the day and year hereinabove written by affixing the signatures of their duly authorized agents and corporate seals.

THE READING HOSPITAL AND MEDICAL CENTER

By:  _____
Scott R. Wolfe
Senior Vice President and COO

CENTER FOR UROLOGIC CARE OF BERKS COUNTY, PC
d/b/a BERKS UROLOGIC SURGERY CENTER

By:  _____
Joseph V. Leoni, MD
Medical Director

ACTION BY UNANIMOUS CONSENT OF DIRECTORS
CENTER FOR UROLOGIC CARE OF BERKS COUNTY, P.C.

Berks Urologic Surgery Center

Pursuant to Section 1727(b) of the Pennsylvania Business Corporation Law of 1988, as amended, the undersigned, being the directors of **CENTER FOR UROLOGIC CARE OF BERKS COUNTY, P.C.**, a Pennsylvania professional corporation (the "Corporation"), do hereby consent to the adoption of and do hereby adopt the following resolutions with the intent that the same shall be as a valid corporate action as though adopted at a regular meeting of the Board of Directors (the "Board"):

WHEREAS, the Corporation desires to develop a division of the Corporation called "Berks Urologic Surgery Center" (the "Center") which will be licensed by the Pennsylvania Department of Health as an ambulatory surgical center.


RESOLVED, that the Board authorizes the Corporation to develop the Center as an ambulatory surgical center, in accordance with all applicable federal, state and local laws and regulations.

RESOLVED FURTHER, that all actions heretofore taken by the Board and any officers of the Corporation in connection with the Center be and are hereby ratified and confirmed.


RESOLVED FURTHER, that the officers of the Corporation be and they are hereby authorized and directed to take such further actions as may be necessary to implement the foregoing resolutions.

RESOLVED FURTHER, that this Action by Unanimous Consent of Directors may be executed in any number of counterparts and by different directors on separate counterpart signature pages, with the same effect as if all the signatures thereto and hereto were upon the same instrument, but all such counterparts taken together shall constitute one and the same document.

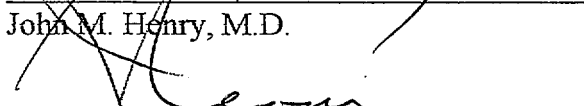
DIRECTORS:




Alan N. Fleischer, M.D.



John M. Henry, M.D.



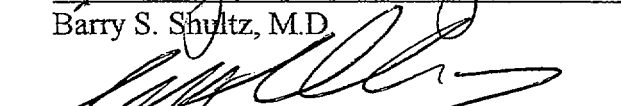
Joseph M. Leoni, M.D.



Jay B. Miller, M.D.

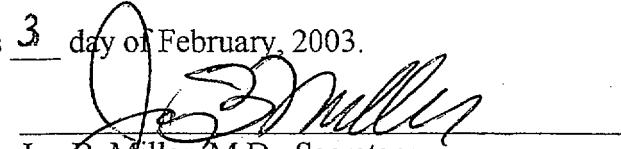


Barry S. Shultz, M.D.



Stephen A. Sihelnik, M.D.

Filed with the Secretary as of this 3 day of February, 2003.



Jay B. Miller, M.D., Secretary

CERTIFICATE OF LICENSURE

DEPARTMENT OF HEALTH

BERKS UROLOGIC SURGERY CENTER
1320 BROADCASTING ROAD, SUITE 210
WYOMISSING


The Pennsylvania Department of Health hereby issues this certificate of licensure to the above Ambulatory Surgical Center

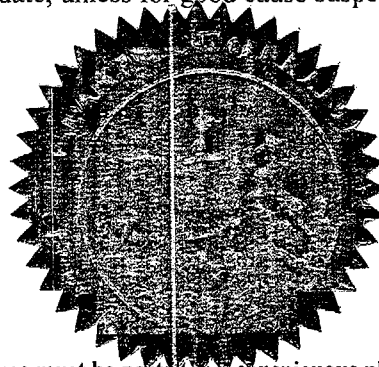
LICENSURE NUMBER: 16741501
OWNED BY: CENTER FOR UROLOGIC CARE OF BERKS COUNTY, P.C.
ISSUED ON: 04/12/2006
EFFECTIVE FROM: 04/30/2006
EXPIRES ON: 04/30/2007


The maximum number of beds shall not exceed 5 beds.

This LICENSE shall expire on the above date, unless for good cause suspended or revoked sooner.

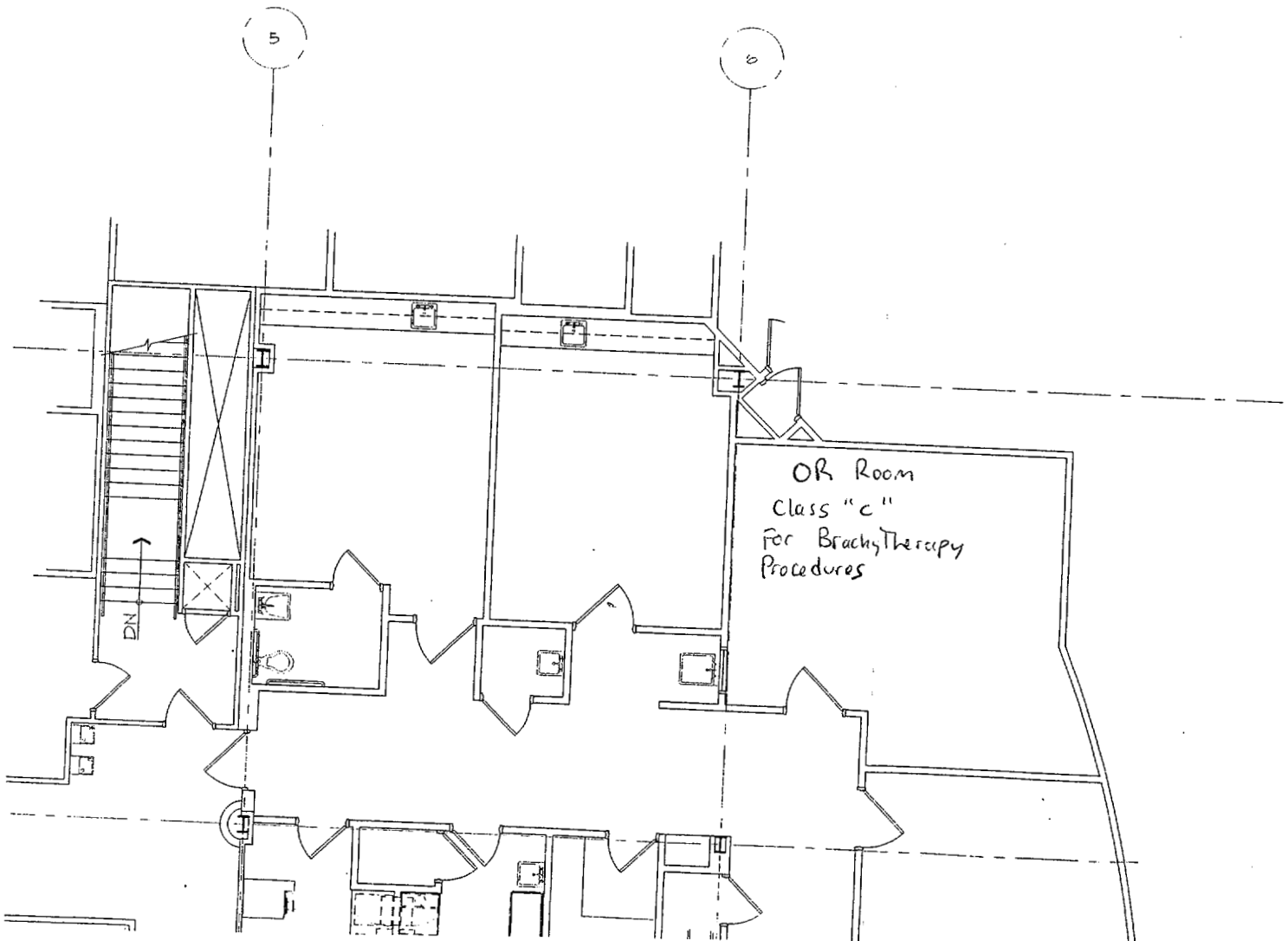
Class C
Type of Surgery: Urology
Type of Anesthesia: Local, MAC, Regional, Spinal, General


Richard H. Lee
Deputy Secretary For Quality Assurance

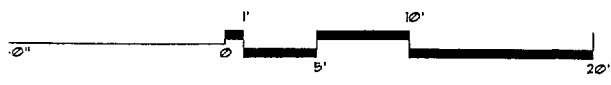
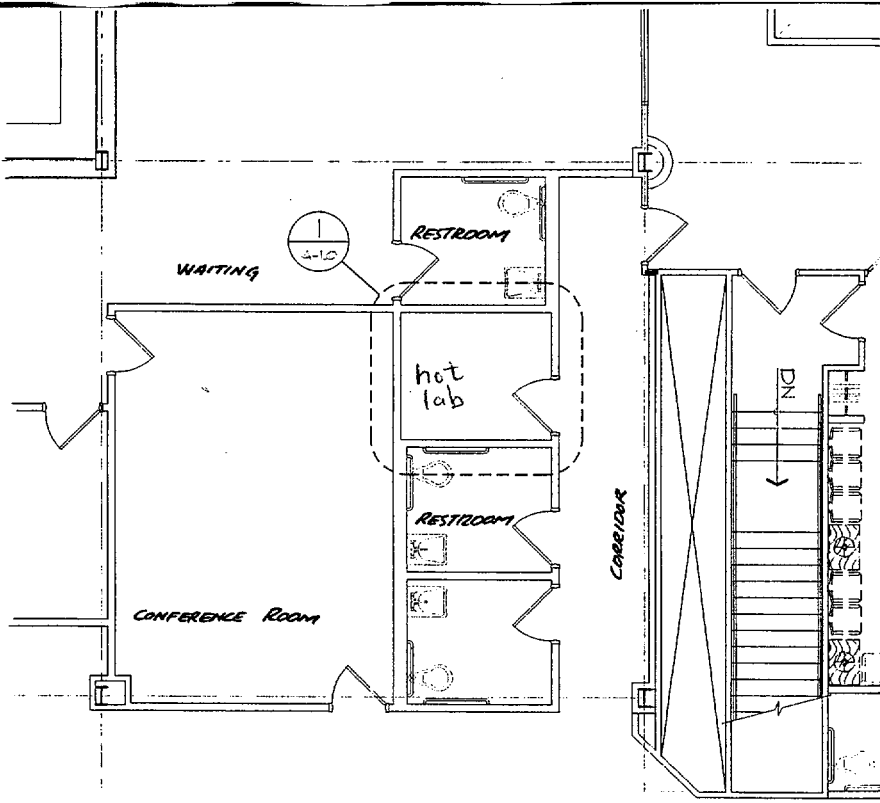



Calvin B. Johnson, M.D., M.P.H.
Secretary of Health

NOTE: This license must be posted in a conspicuous place on the premises.



CG
ALL
MAP
WRC
PRO



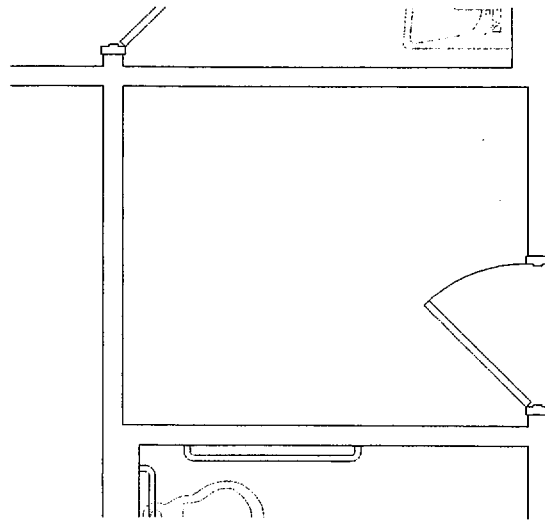
SPACE ABOVE - ROOF

SPACE BELOW - CARDIOLOGY EXAM ROOM

EXIST. WALLS - 3 3/8" STEEL STUDS
 BATT INSULATION
 5/8" GYP. BOARD EACH SIDE

DOOR - SOLID CORE WOOD IN HULLUM STEEL FRAME

FLOOR - 2 1/2" CONCRETE + 1 1/2" STEEL DECK (4" TOTAL)



1
A-10

ENLARGED PLAN

SCALE: 1/2" = 1'-0"

Hot lab

3

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

8/29/2006, and to inform you that the initial processing which includes an administrative review has been performed.

New License Application (03037332)
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** 139342.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

: (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 BETWEEN:
 :
 License Fee Management Branch, ARM : Program Code: 02200
 and : Status Code: 3
 Regional Licensing Sections : Fee Category: _____
 : Exp. Date: 0
 : Fee Comments: _____
 : Decom Fin Assur Reqd: _
 : ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: CTR. FOR UROLOGIC CARE OF BERKS CO
 Received Date: 20060831
 Docket No: 3037332
 Control No.: 139342
 License No.: 37-31185-01
 Action Type: New Licensee

2. FEE ATTACHED
 Amount: \$2,100.00
 Check No.: 2286

3. COMMENTS

Signed *[Signature]*
 Date *[Date]*

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 _____