







**Glendive  
Medical  
Center**

202 Prospect Drive • Glendive, Montana 59330-1999 • (406) 345-3306 • FAX: (406) 345-3358

July 19, 2007

United States Nuclear Regulatory Commission  
Region IV  
Nuclear Materials Licensing Branch  
611 Ryan Plaza Drive, Suite 400  
Arlington, TX 76011-8064

Re: License 25-17265-01

Dear Sir or Madam:

This is an amendment request to delete Iodine-131 for use as treatment of hyperthyroidism and cardiac dysfunction as listed in Item 6C and 9C of our Radioactive Materials License.

It is our intention for Dr. Gregory Faul to remain an authorized user for items as listed in 10 CFR 35.100 and 35.200.

If you require additional information, please call.

Sincerely,

Kermit Ragain, M.D.  
Radiation Safety Officer

KR:jw  
Cc: file

**RECEIVED**

JUL 23 2007

**DNMS**

No 471452

AUG - 8 2007

DATE

This is to acknowledge the receipt of your letter/application dated 7-19-07, and to inform you that the initial processing, which includes an administrative review, has been performed.

There were no administrative omissions. Your application will be 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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The action you requested is normally processed within      days.

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** 471452.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,



Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
: Program Code: 02120  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20090228  
: Fee Comments: CODE 23  
: Decom Fin Assur Reqd: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: GLENDIVE MEDICAL CENTER  
Received Date: 20070723  
Docket No: 3012470  
Control No.: 471452  
License No.: 25-17265-01  
Action Type: Notifications

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.:   /  

3. COMMENTS

Signed Colleen Murnahan  
Date 8-01-07

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 \_\_\_\_\_



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