

WOODLAND MEDICAL GROUP, P.C.  
MEDICAL  
CENTERS

September 24, 1982

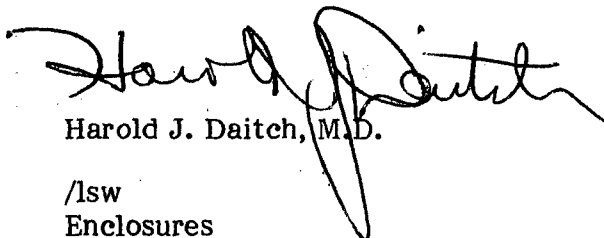
Region III  
Office of Inspection and Enforcement  
USNRC  
799 Roosevelt Road  
Glen Ellyn, Illinois 60137

Dear Sirs:

The Woodland Medical Group has a license No. 21-13255-01 for the use of isotopes in the practice of Nuclear Medicine. I would like to change the license and add the name of Seymour H. Mirkes, M.D. to the license. Please find enclosed a training and experience form and a preceptor statement, which have both been completed. Also, enclosed is a \$40.00 check. If Dr. Barry Samuels name is still on the license, would you please remove it, since he is no longer with the Group.

Thank you very much.

Sincerely yours,

  
Harold J. Daitch, M.D.  
/lsw  
Enclosures

21-13255-01  
030-02149

Rec III  
RECEIVED BY IFMS  
Date 10/15/82  
Log Oct. Pg 9  
By Brown  
Orig. To  
Action Group

Applicant... 32659  
Check No. 32659  
Amount/Fee Category \$40.00  
Type of Fee Amendment  
Date Check 10/15/82  
Received By Brown

CONTROL NO. 06917

SEP 29 1982

A/41

**TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER**

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER  Seymour H. Mirkes, M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Michigan
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**3. CERTIFICATION**

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
American Board Of Radiology with special competency in Nuclear Medicine American Board of Nuclear Medicine		1980  1981

**4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES**

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	William Beaumont Hospital Royal Oak, Michigan 48072	35	175
b. RADIATION PROTECTION	"	10	25
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	3	15
d. RADIATION BIOLOGY	"	12	
e. RADIOPHARMACEUTICAL CHEMISTRY	"	15	20

**5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)**

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Mo-99	1000 mCi	William Beaumont Hosp.	7/1/79-6/30/81	generator
Tc-99m	1000 mCi	"		compounding/clinical
Xe-133	20 mCi	"		clinical
I-131	200 mCi	"		clinical

## PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

## 1. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME

SEYMOUR H. MIRKES, M.D.

STREET ADDRESS

CITY

STATE

ZIP CODE

## KEY TO COLUMN C

## PERSONAL PARTICIPATION SHOULD CONSIST OF:

1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.

2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.

3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

## 2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	2	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	61	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES	8	
	KIDNEY FUNCTION STUDIES	327	
	IN VITRO STUDIES	5110	
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	2	
P-32	EYE TUMOR LOCALIZATION	12	
Se-75	PANCREAS IMAGING	72	
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	376	
OTHER			
Tc-99m	BRAIN IMAGING	551	
	CARDIAC IMAGING	250	
	THYROID IMAGING	941	
	SALIVARY GLAND IMAGING	11	
	BLOOD POOL IMAGING ?	708	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	1486	
	LUNG IMAGING	433	
	BONE IMAGING	2170	
OTHER	In-111 DTPA Cisternography	17	

**PRECEPTOR STATEMENT (Continued)**

**2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)**

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	10	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	1	
I-131	TREATMENT OF THYROID CARCINOMA	6	
	TREATMENT OF HYPERTHYROIDISM	40	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
Co-60 or Cs-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	7	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	7	
Other			

**3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING**

7/1/79 - 6/30/81      3500 hours

**4. THE TRAINING AND EXPERIENCE INDICATED ABOVE  
WAS OBTAINED UNDER THE SUPERVISION OF:**

a. NAME OF SUPERVISOR  
Howard J. Dworkin, M.D.

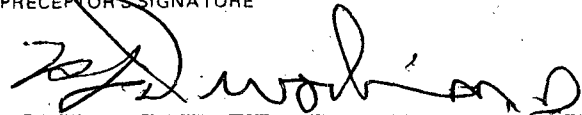
b. NAME OF INSTITUTION  
William Beaumont Hospital

c. MAILING ADDRESS  
3601 West 13 Mile Road

d. CITY  
Royal Oak

5. MATERIALS LICENSE NUMBER(S)  
21-01333-01

**6. PRECEPTOR'S SIGNATURE**



**7. PRECEPTOR'S NAME (Please type or print)**

Howard J. Dworkin, M.D.

**8. DATE**

July 16, 1982