

89025

CONVERSATION RECORD

TIME 4:00

DATE 6-6-90

TYPE

VISIT

CONFERENCE

TELEPHONE

INCOMING

OUTGOING

ROUTING

NAME/SYMBOL INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Liz Taylor

ORGANIZATION (Office, dept., bureau, etc.)

Woodland Med. Ctr.

TELEPHONE NO.

*313 X 585
538-4700*

SUBJECT

SUMMARY

Never received Def ltr dated 5-3-90.

Need response by 6-13-90

FAX her def ltr ^{from} (5-3-90) on 6-6-90

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

ACTION TAKEN

A/103

SIGNATURE

Robert D. Gattone Jr.

TITLE

Reviewer

DATE

6-6-90