

DIAGNOSTIC RADIOLOGY

RADIATION THERAPY

DIAGNOSTIC RADIOLOGISTS

- D.R. WIERDA, M.D.
- V.A. DZINTARS, M.D.
- T.M. CINK, M.D.
- T.E. MASTERSON, M.D.
- A.I. SOYE, M.D.
- G.L. FAMESTAD, M.D.
- C.L. STOKKA, M.D.
- M.J. KIHNE, M.D.
- R.L. WELTER, M.D.
- T.W. FREE, D.O.
- PA. NELSON, M.D.
- B.A. PAULSON, M.D.
- J.J. BAKA, M.D.
- E.J. CZARNECKI, M.D.
- S.M. DUFFEK, M.D.
- D.L. CROSBY, M.D.
- D.C. RIFE, M.D.
- T.D. YEAGER, M.D.
- D.W. BEAN, M.D.
- J.R. ALPERS, M.D.
- S. CHOUDHRY, M.D.
- C.E. FLOHR, M.D.
- C. GREGORY, M.D.
- M.T. PARDY, M.D.
- M.R. CASEY, M.D.
- M.S. HELGESON, M.D.

RADIATION ONCOLOGISTS

- K.R. ERICKSON, M.D.
- J.F. GRIFFIN, M.D.
- K.L. SCHNEEKLOTH, M.D.
- S.C. McGRAW, M.D.

OUTREACH RADIOLOGISTS

- W.P. PANNING, M.D.
- R.W. HART, M.D.

ADMINISTRATION

- G.L. LARSON

MEDICAL PHYSICS

- C. CARVER, M.S.
- R. MASSOTH, Ph.D.
- C. OSMER, Ph.D.
- S. MOECKLY, M.S.

Medical X-Ray Center
 1417 S. Minnesota
 Sioux Falls, SD 57105
 (605) 336-0515
 Fax (605) 336-0812
 1-800-473-0271
 www.medx-ray.com

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 Sioux Falls, SD 57105
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Business Office
 1501 S. Minnesota
 Sioux Falls, SD 57105
 (605) 336-0517
 Fax (605) 336-2874
 1-800-473-0271
 www.medx-ray.com

RECEIVED

OCT 27 2008

DNMS

October 22, 2008

Materials Licensing Section
U.S. Nuclear Regulatory Commission, Region IV
612 E. Lamar Blvd, Suite #400
Arlington, TX 76011-4125

RE: HDR unit status at Avera Cancer Institute (ACI)

License #: 40-27480-01

To Whom It May Concern:

As an update to the attached letter, the effective date of the sale is set for November 1st, 2008. This date may be subject to change but this should not affect the overall situation.

Thank you for your attention to this matter. Please contact Charles M. Carver, MS if you have any questions or require further information at 605-336-0515.

Sincerely,

Charles M. Carver, MS
Radiation Safety Officer
Medical X-Ray Center

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September 19, 2008

Materials Licensing Section
U.S. Nuclear Regulatory Commission, Region IV
612 E. Lamar Blvd, Suite #400
Arlington, TX 76011-4125

RE: HDR unit status at Avera Cancer Institute (ACI)

License #: 40-27480-01

To Whom It May Concern:

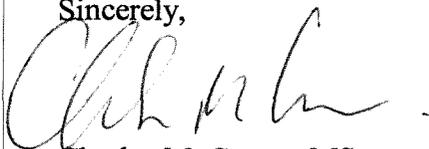
This letter is to notify the NRC of some changes that are taking place at our ACI office.

Medical X-Ray Center has decided to sell the ACI business unit except for the HDR unit to Avera McKennan Hospital. As the hospital is not currently licensed to possess the HDR unit under 10CFR 35.600, Medical X-Ray Center is retaining ownership of the HDR unit under our NRC license referenced above..

In this matter, there is no change of name, area of use, personnel that will be operating the HDR unit or working in its vicinity. Avera McKennan Hospital understands that their personnel are not to handle, move, operate or in any way interact with the HDR unit or its sources. Only authorized MXC personnel may handle the unit or its sources.

Thank you for your attention to this matter. Please contact Charles M. Carver, MS if you have any questions or require further information at 605-336-0515.

Sincerely,



Charles M. Carver, MS
Radiation Safety Officer,
Medical X-Ray Center



Kirsten Erickson, M.D.
Board Member and Partner,
Medical X-Ray Center, P.C.

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Medical X-Ray Center

License No.: 40-27480-01

Docket No.: 030-33335

Mail Control No.: 472028

Type of Action: Amend

Date of Requested Action: 10-22-2008

Reviewer Assigned:

ARM reviewer(s): J. Cook

Response	Deficiencies Noted During Acceptance Review
	<input type="checkbox"/> Open ended possession limits. Submit inventory. Limit possession. <input type="checkbox"/> Confirm with licensee if they have NARM material!
<i>See phone conversation record 12/1/08</i>	Clarify if they are just retaining the 35.600 material and transferring the other authorized material to Avera McKennan Hosp. (May need to complete Appendix F.

Reviewer's Initials: _____

Date: _____

<input type="checkbox"/> Yes <input type="checkbox"/> No	Request for unrestricted release Group 2 or >. Consult with Bravo Branch.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Termination request < 90 days from date of expiration
<input type="checkbox"/> Yes <input type="checkbox"/> No	Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
<input type="checkbox"/> Yes <input type="checkbox"/> No	TAR needed to complete action.

Branch Chief's and/or HP's Initials: _____ **Date:** _____

SUNSI Screening according to RIS 2005-31

Yes No **Sensitive and Non-Publicly Available** if any item below is checked

General guidance:

- _____ RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
- _____ Exact location of RAM [suite #, bldg. #, location different from mailing address] (whether = or > than Category 3 or not)
- _____ Design of structure and/or equipment (site specific)
- _____ Information on nearby facilities
- _____ Detailed design drawings and/or performance information
- _____ Emergency planning and/or fire protection systems

Specific guidance for medical, industrial and academic (above Category 3):

- _____ RAM quantities and inventory
- _____ Manufacturer's name and model number of sealed sources & devices
- _____ Site drawings with exact location of RAM, description of facility
- _____ RAM security program information (locks, alarms, etc.)
- _____ Emergency Plan specifics (routes to/from RAM, response to security events)
- _____ Vulnerability/security assessment/accident-safety analysis/risk assess
- _____ Mailing lists related to security response

Branch Chief's and/or HP's Initials: *JAC* **Date:** DEC 12 2008

BETWEEN: (FOR LFMS USE)
INFORMATION FROM LTS

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02230
Status Code: 0
Fee Category: 7C
Exp. Date: 20150131
Fee Comments:
Decom FtN Assur Reqdt: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED MEDICAL X-RAY CENTER, P.C.

Applicant/Licensee: 20081027
Received Date: 30333335
Docket No: 472028
Control No.: 40-27480-01
License No.:
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed *Allen M. ...*
Date *3-29-08*

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /_/)

1. Fee Category and Amount: _____

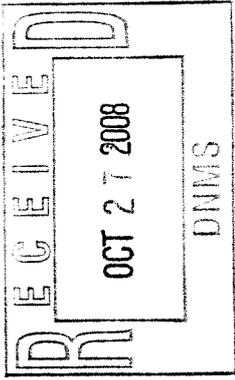
2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

3. OTHER

Signed _____
Date _____

**Medical
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1417 South Minnesota, Sioux Falls, SD 57105



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