



**Department of Radiology**

February 29, 2016

Vered Shaffer  
Region III, Medical Licensing Section  
2443 Warrenville Road  
Suite 210  
Lisle, IL 60532-4352

Control No. 589253

Fax No. 630-515-1078

Dear Ms Shaffer:

The purpose of this letter is to confirm the following.

We will possess GM survey instruments to detect and measure radiation exposure. The range of the instruments is 0.01 mR/hr to 2000 mR/hr. The meters will be calibrated annually by a licensed calibration service. Please feel free to contact us if you have additional questions.

Yuwonia Speights  
Director of Radiology Services

A handwritten signature in black ink, appearing to read "Yuwonia Speights". The signature is fluid and cursive, written over a horizontal line.

**Yuwonia Speights BAS, RT(R) Director of Radiology Services**  
Phone: (810) 262.9835 ✦ Fax: (810) 262.6246  
Email: [yspeigh1@hurleymc.com](mailto:yspeigh1@hurleymc.com)

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HURLEY MEDICAL CENTER  
ONE HURLEY PLAZA  
FLINT, MI 48503-5993

FACSIMILE TRANSMISSION FORM

Date: 3/2/16

Fax Phone: 630 515 1078

To: VERED SHAFFER

Contact Phone: \_\_\_\_\_

From: YUWONHA SPEIGHTS

Fax Phone: 810-262-6246

Department of Radiology

Contact Phone: 810-262-7099

Number of pages sent (includes cover sheet): 2

Remarks: \_\_\_\_\_

REQUESTED LETTER FOR LICENSE RENEWAL

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