

APR 30 1986

30-191

Lutheran Hospital  
Department of Radiology  
3024 Fairfield Avenue  
Fr. Wayne, IN 46807

Gentlemen:

This will acknowledge my telephone conversation on April 8, 1986, with Dr. Gates and Mr. Nayaryanan. We have voided your amendment request as discussed. As discussed also, Dr. Gates may work under the supervision of a physician(s) authorized on your license until such time as he receives his ABR Certification. We have enclosed the Supplements A and B submitted for Dr. Gates for your files.

Should you have any questions regarding the above, you may contact us at (312) 790-5625.

Sincerely,

Original Signed By  
George M. McCann  
Materials Licensing Section

Enclosure: Supplements A and B  
for James O'Neil Gates, M.D.

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13-01535-04 PDR

RIII *Jan*

McCann/cm  
4/20/86

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# CONVERSATION RECORD

TIME 9:55 am

DATE 21 April 1986

TYPE:

☐ VISIT

☐ CONFERENCE

☒ TELEPHONE

☐ INCOMING

☒ OUTGOING

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU James Gates 9:55 am

C.S. Narayanan 10:11 am

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

Ft. Wayne, Ind.

TELEPHONE NO.

(219) 458

2281

SUBJECT

C/N 80501

John Gray, Exec. Director 04/21/86

ROUTING

NAME/SYMBOL

INT

SUMMARY

Discussed April 8, 1986 letter with Dr. Lutes. He indicated <sup>that he</sup> will be taking the last part of his ABR certification within next 6 weeks and that it would probably take that long to get requested supplements and letters of recommendation; therefore, the above individuals agreed that the amendments should be voided and they would resubmit ~~and~~ at a later date.

Advised them to submit supplements for experiences with I<sup>131</sup> CA P<sup>32</sup> etc if desired, since ABR Cert. doesn't cover Group IV and V.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

with M.C.

SIGNATURE

Long M. C.

DATE

04/21/86

ACTION TAKEN

SIGNATURE

TITLE

DATE