

LEE ROBERT SILVERMAN, D.O.
BOARD CERTIFIED NEUROLOGIST — EEG — EMG
DIPLOMATE OF THE AMERICAN BOARD OF NEUROPSYCHIATRY

July 14, 1988

Nuclear Regulatory Commission Region III
Materials Licensing Section
799 Roosevelt Road
Glen Ellyn, ILL 60137

Dear Sir:

Please amend byproduct material license NO. 21-18641-01 for a change in name and address as follows:

1. Change name from Innervisions, P.C. to Associated Neurologists of Greater Detroit, P.C.
2. Change the address from Suite 700 to Suite 701.

Physically the department has not moved. The suite 700 has been divided into two suites with the nuclear medicine room now in suite 701. There has been no change in ownership or authorized user, only a change in the name.

Enclosed is a check for \$120.00 for the amendment fee.

If there are any questions, please contact our Physics Consultant, Roy A. Carlson, M.S. at (313) 662-3197.

Sincerely,

Sil

Lee R. Silverman, D.O.
Board Certified Neurologist
Diplomate of the American Board of Neuropsychiatry

LRS/mks

8907140273 880919
REG3 LIC30
21-18641-01
PDR

Aug 20 1988
Aug 20 1988
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8/30/88

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RECEIVED
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REGION III

AUG 24 1988

CONTROL NO. 86041

Michigan Dept. of Public Health
 Application Division of Radiological Health
 To: 3500 N. Luman, P.O. Box 30035
 Lansing, MI 48909

Michigan Department of Public Health

If currently registered,
 please provide current
 x-ray or radioactive
 material registration no.

FORM RH-20 (4/85)

Radioactive Material
REGISTRATION FORM

By Authority of Part 135 of Act 368 P.A. 1978. Radioactive Material Registration will not be acknowledged by this Department by return of a receipted copy of this form unless form is properly completed, signed, and returned to the address above.

1. REGISTRANT NAME & MAILING ADDRESS
 (The individual or legal entity to whom
 receipted registration is to be returned)

Name Associated Neurologists of Greater Detroit

Ste. 701

Street 26555 Evergreen

City Southfield State MI Zip 48076

2. FACILITY NAME & ADDRESS
 (Location of radioactive sources. ☐
 If same as Registrant write SAME.)

Name Same

Street

City

State

Zip

3. RADIATION PROTECTION SUPERVISOR (RPS)

Name Steven Lewin D.O.

Same as above

Street

City

State

Zip

4. RPS SIGNATURE

x [Signature]

7/9/88

Date

851-1370

Telephone

5. RADIOACTIVE MATERIAL

Nuclide*

Sealed
or
Unsealed

Maximum Quantity
on Hand
(curies)

Date of
Measurement
(Sealed Source)

Est. Quantity
Used Annually
(Unsealed or contained)

USE ADDITIONAL PAGES IF NECESSARY

MOPH USE ONLY

Comp.

C. Staff

T. Staff

Registration
No.

County

Staff
No.

Received:

1.1 Initial

1.2 Change

1.3 Amend

1.4 Renewal

1.5 Delete

*If radium-226 for brachytherapy, indicate if case-leased.

Do not Fill in This Space

REGISTRATION DOES NOT IMPLY APPROVAL OF THE INSTALLATION BY THE MICHIGAN DEPARTMENT OF PUBLIC HEALTH

CONTROL NO. 86041

Michigan Dept. of Public Health
 Application Division of Radiological Health
 To: 3500 N. Logan, P.O. Box 30015
 Lansing, MI 48909

Michigan Department of Public Health

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