

December 10, 2004

K-8

United States Nuclear Regulatory Commission
 Region 1
 475 Allendale Road
 King of Prussia, PA 19406
 Fax: 610-337-5269

Subject: Community Radiology, Regional Radiology
 Control # ~~135405~~
 License # 29-30289-01, 29-30289-02

LL 30983
 030 36784
 02201
 (29-30983-01)
 (136191)

Dear Ms. Gabriel:

03034101 03034548
 136189 136190
 (TERM) (AMEND)

This letter refers to the above noted materials licenses. We need to make several amendments to each of the licenses.

29-30289-02:

136190
 Please take this license and change the mailing address to Community Radiology, 434 New Jersey Ave., Absecon, New Jersey 08201. We would also like to add the Absecon facility (434 New Jersey Ave., Absecon, NJ 08201) to this license as a location of use. We would like to move the privileges for I 131 use from license 29-30289-01 to license 29-30289-02. We would also like to add privileges for the Dennisville Road location to utilize I 131. We will only treat patients who may be released under 10 CFR 35.75 (i.e. outpatients). We would have the same three authorized users. We commit to follow all previous commitments made to the NRC for license number 29-30289-01.

We have enclosed the closeout surveys for the existing "mobile" license. We are requesting that the van be moved from our license and permission to release the van for unrestricted use.

29-30289-01:

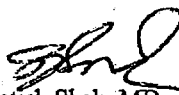
136189 / 136191
 Please take this license and change the name on the license to Regional Radiology and the mailing address on the license to 2800 Route 130 North, Suite 202, Cinnaminson, NJ 08077. Please remove Absecon from this license. Please also remove from this license the privileges for the use of I 131. We would like to change the RSO to Dr. Ashok Babaria. He is currently an authorized user on this license. We have enclosed a letter of acceptance for the Radiation Safety Officer position.

If you need any further information, please feel free to contact us. Your help with resolving this matter is greatly appreciated.

Respectfully,



Ernesto Go, MD
 RSO/President Community Radiology



Satish Shah, MD
 Managing Partner/Regional Radiology

136189 / 136190 / 136191
 NMSS/RGNI MATERIALS-002



Regional Radiology
of Cinnaminson

X-Ray • CT Scan • Fluoroscopy • Mammography • Open MRI • Bone Densitometer • Nuclear Medicine • Ultrasound • Color Doppler

I, Ashok Babaria, M.D., have accepted the appointment of Radiation Safety Officer for Regional Radiology and am responsible for ensuring the safe use of radiation. As the Radiation Safety Officer, I am responsible for managing the radiation safety program; identifying radiation safety problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; and ensuring compliance with regulations. As the Radiation Safety Officer, I am hereby delegated the authority to meet those responsibilities.

Radiation Safety Officer

12/10/04

Date

Representative of Regional Radiology

12/10/04

Date

Trigger Levels
 Wipes: $>2000 \text{ dpm}/100 \text{ cm}^2$
 Surveys: (1-3) 0.2 mR/hr
 (4-7) 2.0 mR/hr

11/8/04 TO 11/12/04

DAILY SURVEY AND WEEKLY WIPE AREAS

AREA	MONDAY 11/8	TUESDAY 11/9	WEDNESDAY 11/10	THURSDAY 11/11	FRIDAY 11/12	WEEKLY WIPES (DPM) 11/10
BACKGROUND CPMs	mR/hr	mR/hr	0.2 mR/hr	mR/hr	mR/hr	462.2 CPM
1) NUC MED TABLE	mR/hr	mR/hr	0.2 mR/hr	mR/hr	mR/hr	36.02 DPM
2) NUC MED FLOOR	mR/hr	mR/hr	0.2 mR/hr	mR/hr	mR/hr	5 DPM
3) INJECTION AREA	mR/hr	mR/hr	0.2 mR/hr	mR/hr	mR/hr	92.04 DPM
4) HOT LAB FLOOR	mR/hr	mR/hr	0.2 mR/hr	mR/hr	mR/hr	2.99 DPM
5) HOT LAB COUNTER	mR/hr	mR/hr	0.2 mR/hr	mR/hr	mR/hr	71.03 DPM
6) BEHIND L BLOCK	mR/hr	mR/hr	0.2 mR/hr	mR/hr	mR/hr	40.02 DPM
7) Dose Calibrator	mR/hr	mR/hr	0.2 mR/hr	mR/hr	mR/hr	5 DPM

TECHNOLOGIST

E. J. [Signature]

* No Patients

or isotope

delivered - equipment moved

RSO

Van close
out survey

BETWEEN: : (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
License Fee Management Branch, ARM : Program Code: 02200
and : Status Code: 0
Regional Licensing Sections : Fee Category: 7C
: Exp. Date: 20110531
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: COMMUNITY RADIOLOGY
Received Date: 20041227
Docket No: 3034101
Control No.: 136189
License No.: 29-30289-01
Action Type: Termination

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

REF 136190 & 136191.

Signed M. A. Perkins
Date 12/27/2004

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 _____

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02201
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20120630
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: COMMUNITY RADIOLOGY
Received Date: 20041227
Docket No: 3034548
Control No.: 136190
License No.: 29-30289-02
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

REF. 136189 & 136190.

Signed M. A. Perkins
Date 12/27/2004

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 _____

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02201
 and : Status Code: 3
 Regional Licensing Sections : Fee Category: _____
 : Exp. Date: 0
 : Fee Comments: _____
 : Decom Fin Assur Req'd: _
 ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: REGIONAL RADIOLOGY
 Received Date: 20041227
 Docket No: 3036784
 Control No.: 136191
 License No.: 29-30983-01
 Action Type: New Licensee

2. FEE ATTACHED
 Amount: _____
 Check No.: _____

3. COMMENTS REF. 136189 & 136190.

NEW LICENSE NUMBER

ISSUED DUE TO A PREVIOUS

NAC ADMINISTRATIVE ERROR.

Signed

Date

M. A. Perkins
12/27/2004

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
