



MediCorp Health System

1001 Sam Perry Boulevard
Fredericksburg, VA 22401
(540) 899-1100

07 February 2005

U.S. Nuclear Regulatory Commission
Region II
Sam Nunn Atlanta Federal Center
61 Forsyth Street SW Suite 23T85
Atlanta, Georgia 30303-8931

RE: NRC Material License 45-00935-02 03008082

Dear Sir or Madam:

Please amend the above referenced license to add Frederick W. Willison, MD as an authorized user of any byproduct material identified in 10 CFR 35.300, 35.400 and 35.500. Frederick W. Willison, MD is an authorized user on License number OK-00376-02 issued to St. John Medical Center, 1923 South Utica Avenue, Tulsa, Oklahoma 74104.

If you have any questions or if I may be of further assistance, please contact me at your convenience.

Sincerely,

Linda Prowett, BLS, CNMT, NCT
Radiation Safety Officer
540-741-1580

REC'D IN LAT 2/15/2005

136488
NMSS/RGNI MATERIALS-002

This is to acknowledge the receipt of your letter/application dated

2/7/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 45-00935-02 There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 136489.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN: : (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
License Fee Management Branch, ARM : Program Code: 02240
and : Status Code: 0
Regional Licensing Sections : Fee Category: 7C
: Exp. Date: 20130531
: Fee Comments: CODE 23
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
Applicant/Licensee: MARY WASHINGTON HOSPITAL
Received Date: 20050215
Docket No: 3008082
Control No.: 136488
License No.: 45-00935-02
Action Type: Amendment

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

3. COMMENTS

Signed *Robert J. Fernald*
Date 2/18/2007

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 _____