



Superior Medical Diagnostic

235 Franklin Ave. • Nutley, NJ 07110
973.235.9090 • FAX 973.235.0795

USNRC Region I
Licensing Material Section
475 Allendale Road
King of Prussia, PA 19406-1415

Attention: Michelle Beardsley

RE: Adjustment to authorized user list

License #: 29-30730-01

June 10, 2005

03035993

2005 JUN 24 PM 1:33

RECEIVED
REGION 1

Dear Ms. Beardsley:

The purpose of this amendment request is to adjust the authorized user list. We wish to add the following physician to our radioactive materials license:

Amend to add:

1. Orestes Sanchez, MD

For training and experience for the above, please refer to State of New Jersey license (Advanced Imaging in Radiology, Associates, PA, W Paterson, NJ).

Should you have any questions regarding this application, please feel free to contact me.

Sincerely,

Charles Anthony Giomuso, MS
Medical Physicist
Radiation Safety Officer

137282

NMSS/RONI MATERIALS-002

CCT-11-2004 05:34PM

FROM-Advanced Imaging & Radiology

302

State Of New Jersey Department Of Health
IN AGREEMENT WITH
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
IN ACCORDANCE WITH N.J.S.A. 24:21-1 ET SEQ.
CONTROLLED DANGEROUS SUBSTANCES
CDS REGISTRATION NUMBER
D05544200

ORESTES SANCHEZ


PLEASE DETACH HERE
 STATE OF NEW JERSEY DIVISION OF CONSUMER AFFAIRS
 THIS IS TO CERTIFY THAT
 ORESTES SANCHEZ
 CDS REGISTRATION NUMBER
 D05544200
 DEAR NUMBER RES2019076
 FOR SCHEDULES 2 3 4 5

05/20/2005 TO 10/31/2005
 NEW

IS REGISTERED AS: CDS Physician

FOR SCHEDULES: 2 3 4 5

PLEASE DETACH HERE
 IF YOUR LICENSE/ID CARD
 IS LOST PLEASE NOTIFY

05/20/2004 TO 10/31/2005

562619076

25MA05702400

VALID

DEA NO.

LICENSE/REGISTRATION/CERTIFICATION #

SIGNATURE OF REGISTRANT

DIRECTOR

Drug Control Unit
 P.O. Box 45022
 Newark, NJ 07101

PLEASE DETACH HERE

ORESTES SANCHEZ

EXPIRATION DATE 2005

YOUR LICENSE NUMBER IS MA05702400 AND YOUR CDS REGISTRATION NUMBER IS D05544200. PLEASE USE IT IN ALL CORRESPONDENCE WITH YOUR BOARD. USE THIS SECTION TO REPORT NAME AND/OR ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY CHANGES TO YOUR BOARD WITHIN 10 DAYS.

NAME CHANGES REQUIRE A COPY OF LEGAL DOCUMENTATION (I.E. MARRIAGE LICENSE, DIVORCE DECREE, COURT ORDER). COMPLETE BELOW WITH NEW INFORMATION AND FORWARD TO YOUR BOARD AT:

Drug Control Unit
 P.O. Box 45022
 Newark, NJ 07101

HOME

☐

ADDRESS OF RECORD/MAILING

☐

BUSINESS

☐

HOME

☐

ADDRESS OF RECORD/MAILING

☐

BUSINESS

☐

TELEPHONE

INCLUDE AREA CODE

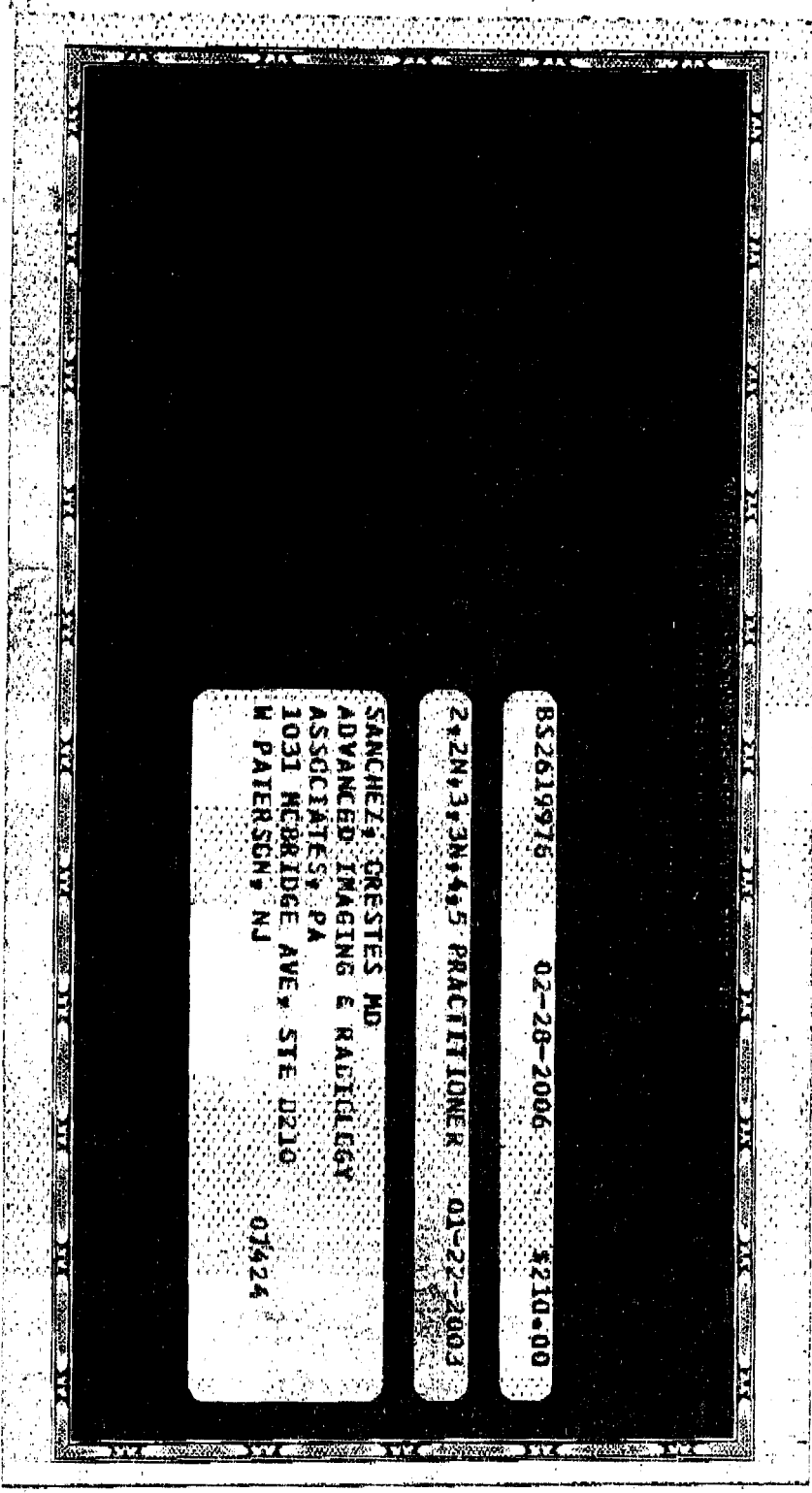
TELEPHONE

INCLUDE AREA CODE

ID CARD

If the law governing your profession requires current license/registration/certification to be displayed, it should be within reasonable proximity of your original license at your principal office or place of business.

PERSONAL INFORMATION WAS REMOVED
BY NRC. NO COPY OF THIS INFORMATION
WAS RETAINED BY THE NRC.



The American Journal of Radiology

Organized through the cooperation of the
 American College of Radiology, the American Roentgen & Radium Society,
 the American Radiology Society, the Radiological Society of North America,
 the Section on Radiology of the American Medical Association
 and the American Society of Therapeutic Radiologists
 Heretofore called that

Dr. J. S. Sanchez, M.D.

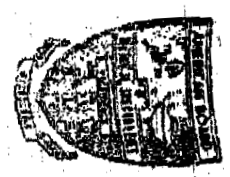
Has received an accepted course of graduate study
 and clinical work, has met certain standards and qualifications and
 has passed the examinations conducted under the authority of

The American Board of Radiology

(On the sixth day of June, 1935)

Thereby demonstrating to the satisfaction of the Board
 that he is qualified to practice the specialty of

Diagnostic Radiology



Order not ready until June 11, 1935

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

6/10/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 29-30730-01
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 137282.
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:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02201
: Status Code: 0
: Fee Category: 3P
: Exp. Date: 20120430
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION

I

1. APPLICATION ATTACHED

Applicant/Licensee: SUPERIOR MEDICAL DIAGNOSTICS II, LLC
Received Date: 20050624
Docket No: 3035993
Control No.: 137282
License No.: 29-30730-01
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed Rebecca J. Ford
Date 7/1/05

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 _____