

TRANSMISSION VERIFICATION REPORT

TIME : 04/09/2013 21:58  
NAME : USNRC REGION3 DNMS  
FAX : 6305151259  
TEL :  
SER.# : 000A7J925770

DATE, TIME  
FAX NO./NAME  
DURATION  
PAGE(S)  
RESULT  
MODE

04/09 21:58  
12488498448  
00:00:24  
02  
OK  
STANDARD  
ECM



UNITED STATES  
**NUCLEAR REGULATORY COMMISSION**

REGION III  
2443 WARRENVILLE ROAD, SUITE 210  
LISLE, ILLINOIS 60532-4352

**TELEFAX TRANSMITTAL**

DATE April 10, 2013

NUMBER OF PAGES 2

SEND TO Vrinda Narayana- Chief Physicist- Department of Nuclear Radiology

LOCATION Providence Hospital

FAX NUMBER

☐ VERIFY BY CALLING

*248-849-8448*

FROM: Bill Reichhold  
(Sender)

TELEPHONE NUMBER (630) 829-9839

FAX NUMBER (630) 515-1078

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE See accompanying documents.



UNITED STATES  
**NUCLEAR REGULATORY COMMISSION**

REGION III  
2443 WARRENVILLE ROAD, SUITE 210  
LISLE, ILLINOIS 60532-4352

**TELEFAX TRANSMITTAL**

DATE April 10, 2013

NUMBER OF PAGES 2

SEND TO Vrinda Narayana- Chief Physicist- Department of Nuclear Radiology

LOCATION Providence Hospital

FAX NUMBER

☐ VERIFY BY CALLING

*248-849-8448*

FROM: Bill Reichhold  
(Sender)

TELEPHONE NUMBER (630) 829-9839

FAX NUMBER (630) 515-1078

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE See accompanying documents.

**NOTICE**

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you received this communication in error, please notify the sender immediately by telephone and return the original to the above address, by U.S. Mail. Thank You.

The following additional information is needed to review your request.

Requests for an amendment need to be signed by a representative of the hospital or legal entity filing the amendment request. Representatives signing an amendment must be authorized to make binding commitments and to sign official documents on behalf of the hospital. In the past, amendment requests have been signed by Lou Bischoff, Executive Management. Please have Mr. Bischoff sign your request to add Theragenics Corporation Iodine-125, I-Seed, Model AgX100. OR Please have Mr. Bischoff submit documentation that Vrinda Narayana, Ph.D. is authorized to make binding commitments and to sign official documents of behalf of the hospital.

Please send a facsimile (630- 515-1078) of your response to the above within 7 days and state, **Response to Control 580304**. Please include a cover letter on company letterhead, dated and signed (**signed by an individual who is authorized to sign official documents on behalf of the licensee**) with your response letter. Please call me at 630-829-9839 if you have any questions.

*In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this facsimile and the attached documents will be available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records (PARS) component of NRC's document system (ADAMS). The NRC's document system is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html> (the Public Electronic Reading Room).*

From the desk of:

A handwritten signature in cursive script, appearing to read "Bill Reichhold".

Bill Reichhold