

# BIOMEDICAL SCANNING SERVICES, INC.

P.O. BOX 29153  
ST. LOUIS, MO 63126  
(314) 993-6355

April 30, 1985

United States Nuclear Regulatory Commission  
Region III  
Materials Licensing Branch  
Glen Ellyn, IL 60137

Dear Sirs:

We would like to amend our License # 24-18087-01 to include Doctors Raymond A. Murphy and John H. Barton to read at Arcadia Valley Hospital. Enclosed please find a copy of Dr. Murphy's license # 24-18040-01 and Dr. Barton's preceptor statement. Hopefully these documents will be adequate for this purpose.

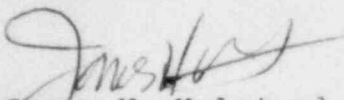
At this time we would also like to add:

Family Medical Group, Inc.  
514 Jungermann  
St. Peters, MO 63376

Dr. Volarich will be reading and overseeing these activities. Enclosed please find a letter from the owners of the 514 Jungermann Building authorizing the use of radioactive materials for the purpose of Nuclear Medicine scans. Also enclosed is a sketch of where the nuclear procedures will be performed. To get to this location go in the front entrance of Family Medical Group and go to the first office on the right.

A check for \$120.00 for these 2 items is enclosed. If you have any further questions please call me at 314-993-6364 or 314-843-4608.

Sincerely,

  
James H. Halstead, CNMT  
President

Applicant	May 13/85
Check No.	2577 7/120
Amount	Fee Category
Type	7/120
Date Check Rec'd	5/13/85
Received By	CB

RECEIVED

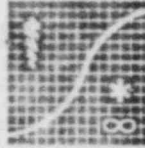
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REGION III

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REG3 LIC30  
24-18087-01 PDR

CONTROL NO. 7 8 8 9 8

MAY 8 1985



FAMILY MEDICAL GROUP, INC.

514 Jungermann  
St. Peters, Missouri 63376  
314 - 441 - 3322

April 22, 1985

Biomedical Scanning Services  
P.O. Box 29153  
St. Louis, Mo 63126

Dear Sir:

As President and Owner of Family Medical Group of St. Peters, Inc. I give permission to bring Radioactive Isotopes onto the premises of #514 Jungermann Road, St. Peters, Mo 63376 for the purpose of performing Nuclear Medicine Scans.

Very Truly Yours,

James T. Farrell, D.O.

JTF/rlc

CONTROL NO. 78898

# PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

## 1. APPLICANT PHYSICIAN'S NAME AND ADDRESS

### FULL NAME

John H. Bartow, D.O.

### STREET ADDRESS

NRMC Bremerton

### CITY

Bremerton

### STATE

WA

### ZIP CODE

98314

## KEY TO COLUMN C

### PERSONAL PARTICIPATION SHOULD CONSIST OF:

1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.

2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.

3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

## 2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS <i>(Additional information or comments may be submitted in duplicate on separate sheets.)</i>
A	B	C	D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	279	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	15	
	LIVER FUNCTION STUDIES	-	
	FAT ABSORPTION STUDIES	-	
	KIDNEY FUNCTION STUDIES	90	
	IN VITRO STUDIES	-	
OTHER		-	
I-125	DETECTION OF THROMBOSIS	3	
I-131	THYROID IMAGING	279	
P-32	EYE TUMOR LOCALIZATION	-	
Sr-75	PANCREAS IMAGING	-	
Yb-169	CISTERNOGRAPHY	-	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	-	
OTHER	Xe-127 Pulmonary Studies	19	
Tc-99m	BRAIN IMAGING	291	
	CARDIAC IMAGING	70	
	THYROID IMAGING	20	
	SALIVARY GLAND IMAGING	2	
	BLOOD POOL IMAGING	176	
	PLACENTA LOCALIZATION	-	
	LIVER AND SPLEEN IMAGING	550	
	LUNG IMAGING	178	
	BONE IMAGING	1233	
OTHER	HIDA etc	82	

# PRECEPTOR STATEMENT (Continued)

## 2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	3	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	2	
I-131	TREATMENT OF THYROID CARCINOMA	7	
	TREATMENT OF HYPERTHYROIDISM	30	
Au-198	INTRACAVITARY TREATMENT	-	
Co-60	INTERSTITIAL TREATMENT	-	
or Cs-137	INTRACAVITARY TREATMENT	-	
I-125 or Ir-192	INTERSTITIAL TREATMENT	-	
Co-60 or Cs-137	TELETHERAPY TREATMENT	-	
Sr-90	TREATMENT OF EYE DISEASE	-	
	RADIOPHARMACEUTICAL PREPARATION	-	
Mo-99/ Tc-99m	GENERATOR	8	
Sn-113/ In-113m	GENERATOR	-	
Tc-99m	REAGENT KITS	40	
Other		-	

## 3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

1 July 1980 to 30 June 1981  
continuous training

## 4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF

A. NAME OF SUPERVISOR  
JAMES W. WINEBRIGHT

D. NAME OF INSTITUTION  
NAVAL REGIONAL MEDICAL CENTER

E. MAILING ADDRESS  
OAKLAND, CA 94627

G. CITY

## 5. PRECEPTOR'S SIGNATURE

*James W. Winebright, MD*

F. PRECEPTOR'S NAME (Please type or print)  
JAMES W. WINEBRIGHT  
CAPTAIN, MC, U. S. NAVY

## 6. DATE

15 October 1981

7. MATERIALS LICENSE NUMBER(S)  
04-00716-02