



Wabash County Hospital

710 North East Street
Post Office Box 548
Wabash, Indiana 46992
(219) 563-3131
Indiana 1-800-346-2110

October 2, 1996

U.S. Nuclear Regulatory Commission
Region III
Licensing Section
801 Warrenville Road
Lisle, IL 60532-4351

Re: License # 13-18750-01

Gentlemen,

In accordance with 10CFR35.14, we are informing your office that Juerrgen Lehman, M.D. will no longer be working at our facility as an authorized user.

We are informing you that Kiet Anh Hoang, M.D. will be working at our facility as an authorized physician user. Doctor Hoang has previously been listed on license # IL-01605-05. Please refer to that license file for his credentials. At a later date, when a more significant amendment is needed, we will request his name be added to the license by amendment. Thank You.

Sincerely,

A handwritten signature in cursive script, appearing to read "Richard Tucker".

Richard Tucker
Interim Executive Director

RECEIVED

OCT 08 1996

REGION III

OCT 08 1996

Pm 10-3-96

DATE: 10-9-96

CORRESPONDENCE CLARIFICATION SHEET

REVIEWER: John Madera
LICENSEE: WABASH County Hosp.
LICENSE NUMBER: 13-18578-01

The following correspondence has been received from the above licensee and it is not clear what action(s) is(are) required: Please review this correspondence and indicate which of the following applies, and please return to Debbie Hersey, as soon as possible.

- ☐ Additional Information to Control No. _____.
Process in as a new action, additional information, and no fee required.
- ☐ Process as new licensing action. Review has already been started on Control No. _____ and this information cannot be combined with current in-house action.
- ☐ Can be combined with Control No. _____. Review has not been started.
- ☐ Appears to be a(n) _____.
- ☐ Appears to be information for the license file - file it.
- ☐ Licensee is adding Nuclear Pharmacists.
Amendment is necessary _____. Amendment is not necessary _____.
(Information for license file)
- ☒ Licensee is adding authorized users.
A check is included _____. No check is included ✓.
Amendment is necessary _____. Amendment is not necessary _____.
(Information for the license file)
- ☐ Other: _____

This is a notification - Thank You For Your Help!!!
IL license that references Dr. Hoang + will state what they wish physicians be authorized for.
02/02/95