

BETA DIAGNOSTICS, INCORPORATED

May 20, 1985
U.S. Nuclear Regulatory Commission-Region II
Materials Licensing Branch
101 Marietta Street, N.E. Suite 2900
Atlanta, Georgia 30323
Mr. Paul Guinn

RE: Application for License --Mail Control Tracking # 50556

Dear Mr. Guinn;

Pursuant to our recent conversation, enclosed please find: a complete listing of all persons to contact should there be a radiation emergency, a complete listing of all locations where the bone densitometer will be used, signed permission from the Medical Director(s) in charge of each facility - giving us permission to perform bone scanning at their facilities, and a complete statement regarding our leak testing procedures.

LEAK TESTING PROCEDURES

All sources are to be leak tested by Health Physics Services, Inc., prior to their being shipped to our location. Health Physics Services, Inc., our local radiation specialists, will also be providing our clinic with a leak test kit of our own - in case the need should arise to use one. All sources will be shipped to Health Physics, Inc. prior to the time when they need to be leak tested again (within 5½ months of original leak test) - so that there should be no danger of a leak. Health Physics Services, Inc. will again at that time (upon receipt of the used source), perform another leak test.

At this time, we would appreciate your approval of our license - along with the amended locations as listed in the attached note. Please do not hesitate to contact me should you have any further questions. Thank you for your time and consideration in this matter.

Sincerely,

Sue Dabbondanza

Sue Dabbondanza
Clinical Director

BETA OSTEOPOROSIS DIAGNOSTIC CENTERS OF FAIRFAX, VIRGINIA
8316 Arlington Boulevard
Fairfax, Virginia 22031
Phone # 897-9811 (301)

8507170738 850625
REQ2 LIC30
45-23077-01 PDR

Sue'd 5/21/85

BETA-OSTEOPOROSIS DIAGNOSTIC CENTERS
OF AMERICA

RADIATION EMERGENCY/NOTIFICATION PROTOCOL

*IN THE EVENT OF A RADIATION EMERGENCY THE PERSONS LISTED BELOW SHOULD BE CONTACTED
IMMEDIATELY IN THE ORDER LISTED*

1) Radiation Safety Officer:

Maryland
Name: William J. Cirksema, M.D.
Home Phone: 301-261-1932
Office Phone: 261-1053
Pager No: 953-0550 Code 4987

Radiation Safety Officer:

D.C. & Virginia
Name: Kenneth L. Geoly, M.D.
Home Phone: 703-620-3285
Office Phone: 698-8070
Pager No. 539-9753

2) Local Radiation Physics:

Name: Dr. William Walker
Office Phone: 670-1818
Home Phone: 703-323-0242
Pager No: 1-800-638-8488 toll free #

ADDRESS: Health Physics Serv.
4 Research Place Suite 140
Rockville, Md. 20850

3) Osteoporosis Diagnostic Center Personnel:

Name: Sue Dabbondanza
Office Phone: 897-9811
Home Phone: 251-9861

Name: Lucille Cepeda
Office Phone: 897-9811
Home Phone: 670-0760

4) Other Essential Contacts:

Name: Jeff Weix, R.N.
Office Phone: 512-690-1548
Home Phone: _____
Director, San Antonio Office



**BETA
DIAGNOSTICS,
INCORPORATED**

PERMISSION TO PERFORM BONE DENSITOMETRIES
OTHER LOCATIONS OF USE

Biomedical Applications of Capital Hill
900 M Street, S.E.
Washington, D.C. 20003

Signature of Medical Director

Biomedical Applications of Columbia Heights
106 Irving Street, N.E.
Washington, D.C. 20001

Signature of Medical Director

Biomedical Applications of Dupont Circle
11 Dupont Circle
Washington, D.C. 20007

Signature of Medical Director

Biomedical Applications of Greater Southeast Washington
1350 Southern Avenue S.E.
Washington, D.C. 20032

Signature of Medical Director

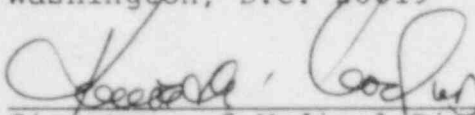
Biomedical Applications of Northeast Washington
1302 Rhode Island Avenue N.E.
Washington, D.C. 20018

Signature of Medical Director

PERMISSION TO PERFORM BONE DENSITOMETRIES (CONT'D)

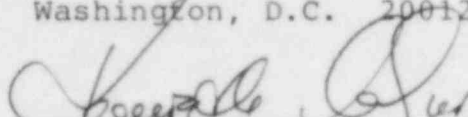
OTHER LOCATIONS OF USE

Biomedical Applications of Anacostia
3829 Minnesota Avenue N.E.
Washington, D.C. 20019



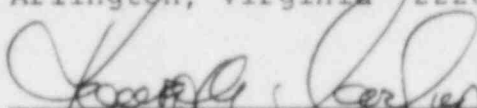
Signature of Medical Director

Biomedical Applications of Takoma Park
235 Carroll Avenue
Washington, D.C. 20012



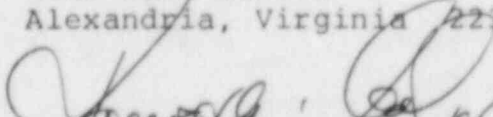
Signature of Medical Director

Biomedical Applications of Northern Virginia
1701 North George Mason Drive
Arlington, Virginia 22205



Signature of Medical Director

Northern Virginia Dialysis Center
5429 Duke Street
Alexandria, Virginia 22304



Signature of Medical Director

CONVERSATION RECORD

TIME 2:45 PM

DATE 5/6/87

TYPE

☐ VISIT

☐ CONFERENCE

☒ TELEPHONE

☐ INCOMING

☒ OUTGOING

ROUTING

NAME/SYMBOL INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Susan Daffie

(Assistant to Dr Ernest Durrant)

ORGANIZATION (Office, dept., bureau, etc.)

Diagnostic Center

of Fairfax, VA

TELEPHONE NO.

301 - (202#)

897-9811

SUBJECT

Application for a License to use Norland Bone Densitometer

SUMMARY

- Inform Mr Daffie that we need the following additional information:

1. Specify how lead tests of the I-125 sealed sources are performed. (Lead test kit Model numbers etc.)

2. Use of temporary storage - will have to be cleared through NRC-HDQ. Better to come in later with application describing location of use, procedure to be followed, security of sources, etc.

3. Need ^{written} statement from Director or higher ^{personnel} that they have no objection to the use of the Norland device in their facilities (With medical applications)

ACTION REQUIRED

Wait for reply

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

PAUL R. GUINN

Paul R. Guinn

5/6/87

ACTION TAKEN

SIGNATURE

TITLE

DATE