



Miami Valley Hospital

One Wyoming Street 513/223-6192
Dayton, Ohio 45409

July 25, 1985

Ms. Barbara Schnulle
Material Licensing Section
Nuclear Regulatory Commission
Region III
799 Roosevelt Road
Glen Ellyn IL 60137

Ref: License No. 34-00341-06

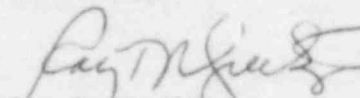
Dear Ms. Schnulle:

Please amend our license as follows:

Add Philip Duncan, M.D. for use of all Group VI Sources as stated
in Part 35.100 Schedule A Paragraph (f). The form NRC-313M-
Supplement A is attached for Dr. Duncan.

A check for the amendment fee was inadvertently sent by our Accounts Payable
department dated 7-19-85 check #310124.

Sincerely,


Ray D. Kreitzer
Administrative Director
Nuclear Medicine Department

/kf

Enclosure

U.S. N.R.C.
FEE MGMT. BRANCH

Applicant	Chy 5
Check No.	310836
Amount	7120
Type of Fee	7C anal
Date Check Rec'd	9/13/85
Received By	gp

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34-00341-06 PDR

CONTROL NO. 7 943 6

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TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Philip Duncan, M.D.

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE
Ohio

3. CERTIFICATION

SPECIALTY BOARD
ACATEGORY
BMONTH AND YEAR CERTIFIED
C

American Board of Radiology Therapeutic Radiology

June 1985

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING
ALOCATION AND DATE(S) OF TRAINING
B

TYPE AND LENGTH OF TRAINING

LECTURE/
LABORATORY
COURSES
(Hours)
CSUPERVISED
LABORATORY
EXPERIENCE
(Hours)
Da. RADIATION PHYSICS AND
INSTRUMENTATION

b. RADIATION PROTECTION

c. MATHEMATICS PERTAINING TO
THE USE AND MEASUREMENT
OF RADIOACTIVITY

d. RADIATION BIOLOGY

e. RADIOPHARMACEUTICAL
CHEMISTRY

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE

MAXIMUM AMOUNT

WHERE EXPERIENCE WAS GAINED

DURATION OF EXPERIENCE

TYPE OF USE

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

STREET ADDRESS

CITY

STATE

ZIP CODE

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 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
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION		
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION		
Sr-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
OTHER			
Tc-99m	BRAIN IMAGING		
	CARDIAC IMAGING		
	THYROID IMAGING		
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING		
	LUNG IMAGING		
	BONE IMAGING		
OTHER			