



APR 22 1985

April 17, 1985

Mr. Jack E. Whitten  
United States Nuclear Regulatory Commission  
Region 4611 Ryan Plaza Drive  
Suite 1000  
Arlington, Texas 76011

Dear Mr. Whitten:

I am writing to amend the material license for St. Patrick Hospital, license # 25-16773-02 and for Missoula Community Medical Center, license # 25-18361-01. I wish to add William J. Birck, M.D. to the list of authorized users for both hospitals. I have enclosed forms regarding his training and experience, in addition to a preceptor's statement.

I also wish to delete John M. Fritts, M.D. from the list of authorized users for both hospital's license.

Thank you very much.

Sincerely,

*Albert R. Ward*  
Albert R. Ward, M.D.

ARW/mk

Enclosure

*original returned for sig.*  
*(orig not rec'd back by LFMB)*

8511190507 850926  
REG 4 LIC 30  
25-16773-02  
PDR

RECEIVED BY LFMB	
Date	5/1/85
Leg	Apr 4 1985
Sy	Brown
Orig To	
Action Compl	See 6/21/85 ltr for fee info

U.S. NRC  
FEE MGMT. BRANCH  
MAY -1 1985

460603

## 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

William Joseph BIRCK, M.D.

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	98	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	8	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	31	
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-125	THYROID IMAGING	133	
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
In-111	CISTERNOGRAPHY	15	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	94	
OTHER			
Tc-99m	BRAIN IMAGING	13	
	CARDIAC IMAGING	21	
	THYROID IMAGING		
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	224	
	LUNG IMAGING	125	
	BONE IMAGING	525	
OTHER			

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER William J. Birck, MD	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Montana
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3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
Diagnostic Radiology		June, 1984

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES			
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE / LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	Cancer Foundation Santa Barbara Cottage Hospital, California 8/81 to 7/84	35	120
b. RADIATION PROTECTION	" "	5	35
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	" "	5	30
d. RADIATION BIOLOGY	" "	5	35
e. RADIOPHARMACEUTICAL CHEMISTRY	" "	8	40

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Tc-99m	25 mCi	Santa Barbara Cottage	8/81-7/84	Diagnosis
Tl 201	3 "	"	"	"
Xe133	10 "	"	"	"
In 111	.5 "	"	"	"
I 123	.2 "	"	"	"
Ga 67	5 "	"	"	"
I 131	150 "	"	"	Therapy
Cr 51	.1 "	"	"	Diagnosis
Il25	.01	"	"	"



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION IV  
611 RYAN PLAZA DRIVE, SUITE 1000  
ARLINGTON, TEXAS 76011

BETWEEN: William O. Miller, Chief  
License Fee Management Branch  
Office of Administration

R. J. Everett, Chief  
Material Radiation Protection Section, TPB,  
DV&TP, RIV



LICENSEE FEE TRANSMITTAL

A. REGION IV

1. APPLICATION ATTACHED

Applicant/Licensee:

St. Patrick Hospital

Application Dated:

April 17, 1985

Control No.:

460603

License No.:

25-16773-02 (030-14734)

2. FEE ATTACHED

Amount:

                    

Check No.:

                    

3. COMMENTS

See 460603  
On July 5/85 will not  
be set up as not to  
missula since Missula  
did not request  
the amend. 02/88

Signed

Laura Hurley

Date

April 26, 1985

8/89

B. LICENSEE FEE MANAGEMENT BRANCH

1. Fee Category and Amount:

7C - \$120

2. Correct Fee Paid. Application may be processed for:

Amendment                     

Renewal                     

License                     

Signed

J. Jackson

Date

8/28/85