

**From:** [Gallagher, Robert](#)  
**To:** [Travis Johnson](#)  
**Cc:** "[crmidmr@aol.com](#)"; [Hann, Patrick-John](#)  
**Subject:** Bayamon Medical Center Corp. Request for Additional Information  
**Date:** Wednesday, July 21, 2021 7:53:00 AM  
**Attachments:** [image003.png](#)

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License No. 52-23044-01  
Docket No. 03020209  
Control No. 625396

PLEASE CONFIRM RECEIPT OF THIS REQUEST FOR ADDITIONAL INFORMATION BY RETURN EMAIL

This request for additional information is regarding your Deficiency Response Letter dated June 7, 2021. In order for us to continue our review we need the following additional information:

1. Please confirm you will refer thyroid patients who cannot be released pursuant to 10 CFR 35.75 will be sent to a hospital licensed to perform in-patient iodine therapies.

We will continue our review of your renewal application upon receipt of the requested information. Please contact Robert Gallagher with any questions.

Regards,

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