DL-051796_02

CONVERSATION RECORD

TIME: 8:15

DATE: 5/17/96

TYPE

☐ VISIT ☐ CONFERENCE ☒ TELEPHONE

☐ INCOMING ☒ OUTGOING

Loc... Conference:

NAME WITH ...	...TED OR IN CONTACT	ORGANIZATION (Office, dept., bureau, etc.)	TELEPHONE NO.
Joseph ...		Roanoke Memorial Hosp	(540) 981-7374

SUBJECT: 4/10/96 ...ndment Request

ROUTING	
NAME/SYMBOL	INT

SUMMARY

① Discussed Dr. Warner T&E. Noted that he was qualified for all of 35.300 & that he did not need to be limited to I-131 only.

② Surace requested Warner be authorized all 35.300

ACTION REQUIRED: License amended

NAME OF PERSON DOCUMENTING CONVERSATION	SIGNATURE	DATE
John Pelchat	[signature]	5/17/96

ACTION TAKEN

SIGNATURE	TITLE	DATE

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02120
Status Code: 0
Fee Category: 7C
Exp. Date: 20050630
Fee Comments: CODE 23
Decom F n Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION II

1. APPLICATION ATTACHED
Applicant/Licensee: ROANOKE MEMORIAL HOSPITAL
Received Date: 960422
Docket No: 3003307
Control No.: 257041
License No.: 45-01291-02
Action Type: Amendment

2. FEE ATTACHED
Amount: 430.00
Check No.: 577797

3. COMMENTS

Signed [signature]
Date 4/24/96

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered ✓)

1. Fee Category and Amount: 7C $430

2. Correct Fee Paid. Application may be processed for:
Amendment ✓
Renewal
License

3.

Signed [signature]
Date

Log Apr 4 II
Remitter
Check No. 577799
Amount $430
Fee Category Amd
Type of Fee
Date Check Rec'd. 4/29/96
Date Completed 4/30/96
By: [signature]