DL-101697-03

CONVERSATION RECORD

TIME 4:00 p DATE 10/16/97

TYPE
☐ VISIT ☐ CONFERENCE ☒ TELEPHONE
☐ INCOMING ☒ OUTGOING

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU	ORGANIZATION (Office, dept., bureau, etc.)	TELEPHONE NO.
Shelley Masters	Columbia Pentagon City Hosp.	703-553-2411

ROUTING

NAME/SYMBOL	IN

SUBJECT
Clarification of Amend Request Lic. # 45-17123-01

SUMMARY
I Called to Clarify The following
1. Names of individuals to be named as Auth. Users on Lic.
- Dr. Russell E. McWey
- Dr. Frederick J. Schwab
- Dr. Murat H. SOR

[Per Ms Masters all of the above should be named as Auth. users.

2. Ms. ~~the~~ Masters confirmed that all of the physicians currently named on the license ~~should be~~, with the exception of Dr McWey, should be removed. (Coccaro, Gordon, Brotman, Lederman, Oldmixon, and Rosenthal.)

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION: Earl G Wright
SIGNATURE: Earl G Wright
DATE: 10/16/97

ACTION TAKEN

SIGNATURE
TITLE
DATE

50271-101 CONVERSATION RECORD OPTIONAL FORM 271 (1) DEPARTMENT OF DEFE