



# National Hospital Medical Center

DL-122095\_03

December 20, 1995

Mr. Earl G. Wright  
U.S. Nuclear Regulatory Commission, Region II  
Material Radiation Protection Section  
101 Marietta Street, N.W., Suite 2000  
Atlanta, Georgia 30323-0199

RE: Radioactive materials license NRC 45-17123-01

Dear Mr. Wright:

We wish to notify you to change the name of our facility from "National Hospital for Orthopaedics and Rehabilitation" to "National Hospital Medical Center". The name change became official at 12:01 a.m., December 1, 1995. This change in name will facilitate the marketing for and the acquisition of new services that can be offered to the community. Also, Columbia Healthcare Corporation has formed a managerial agreement with the Hospital and has an option to purchase the Hospital during the three-year period of the contract.

If you have any questions or if an amendment to your license is necessary, please contact me at your convenience.

Sincerely,

Donald E. H.  
Regional Director

200510

LICENSE FEE REQUIREMENTS

LICENSE FEE AND DEBT COLLECTION BRANCH  
DIVISION OF ACCOUNTING AND FINANCE  
OFFICE OF THE CONTROLLER  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001

*John F. Wilson 79510*

*National Hospital for Orthopedics  
and Rehabilitation  
and National Hospital Medical Center  
11th Rownd E. Yt  
24005 Army Avenue  
Winchester VA 22306*

TYPE OF ACTION

NEW LICENSE

RENEWAL OF LICENSE

AMENDMENT TO LICENSE

REQUESTED DATE

*12/30/95*

LICENSE NUMBER

*45-17123-01*

CONTROL NUMBER

*250870*

I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of the enclosed Federal Register notice. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

Fee Category	APPLICATION	RENEWAL	AMENDMENT
<i>MC</i>	\$	\$	\$ <i>430.00</i>
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

II. FEE NOT REQUIRED

Enclosed is Check No. \_\_\_\_\_ which accompanied your request. The fee is not required because

We received your Check No. \_\_\_\_\_ in payment of the fee

The Licensing staff has informed us that your request is to be considered as a continuation of your request dated \_\_\_\_\_ Control No. \_\_\_\_\_

Your request was combined, prior to review, with your \_\_\_\_\_ request. Control No. \_\_\_\_\_

III. CHECK RETURNED

Enclosed is Check No. \_\_\_\_\_ which was returned to us by the bank for

INSUFFICIENT FUNDS

ACCOUNT CLOSED

OTHER

MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER.

IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE

License No. \_\_\_\_\_, Amendment No. \_\_\_\_\_, issued on \_\_\_\_\_ was issued without the required fee being collected. The fee required is noted in Section I of this form.

The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section I of this form. Refer to Section 170.31 and Footnote 1(d)(2).

Because of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section I of this form.

MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION.

SIGNATURE LICENSE FEE ANALYST LFOCB LFOCR

*John F. Wilson*

DATE

*1/6/96*

BETWEEN:  
License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LIMS USE)  
INFORMATION FROM LTS

Program Code: 02120  
Status Code: 0  
Fee Category: 7C  
Exp. Date: 19980228  
Fee Comments: CODE 23  
Decom Fin Assur Req'd: N

1998 JUN 23 11 7:12

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/licensee: NATIONAL HOSPITAL FOR ORTHOPAEDICS  
Received Date: 951226  
Docket No: 3012232  
Control No.: 256870  
License No.: 45-17123-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: ~~\_\_\_\_\_~~  
Check No.: ~~\_\_\_\_\_~~

3. COMMENTS

Signed *Gregory D. Blum*  
Date *11/18/94*

*500 on CR # 12 note 00*  
*11/18/94*

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

1. Fee Category and Amount: \_\_\_\_\_

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

Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_