

**Health Systems Agency of Northern Virginia
Board of Directors Meeting
June 17, 2024**

Members Present

Ana Alvarez
Michael Carrasco
Patricia Deitos, RN
Tom Fonseca
Michelle Kimmel
Pamela Kincheloe, RN, Chairperson
Lydia Lawrence
Patrice Lepczyk
Sally Patterson
Anitha Raj
Robert Sharpe
John Smith, III MD
Jennifer Weber
Maria Zlotnick

Staff Present

Ann McFeeley
Dean Montgomery

Guests (Partial List)

Lance Boyd, CEO, Fairfax Radiology Centers
Carol Burchett, Chief Strategy Officer, Fairfax Radiology Centers
Elizabeth Breen, Counsel, Inova Health System
Mary Anne Harkins, Harkins Consulting
Peter Mellette, Goodman, Allen, Donnelly
Eric Norby, MD, President & Medical Director, Woodburn Nuclear Medicine
Sarah Oliver, NP, Cardiac Care Associates
Patrick Oliverio, MD, Chairman, Diagnostic Radiology, Inova Fairfax Medical Campus,
Medical Director, Quality, Safety and Reliability, Fairfax Radiological Consultants
Young Park, MD, Cardiac Care Associates
Tammy Razmic, CEO, StoneSprings Hospital Center
Betsy Reilly, Business Analyst, JHU Healthcare
Aaron Stack, MD, Woodburn Nuclear Medicine
Tom Stallings, Counsel, StoneSprings Hospital Center
Spencer Wildonger, Director of Planning, Transformation, JHU Medicine

I. Call to Order

Pam Kincheloe, RN, Chairperson, Health Systems Agency of Northern Virginia (HSANV), called the meeting to order at 7:05 PM. She welcomed guests and reviewed the agenda.

Kincheloe stated that, among other matters, the board would consider six certificate of public need (COPN) applications:

- Cardiac Care Associates, Establish cardiac PET-CT service (COPN Request VA-8754)
- Woodburn Nuclear Medicine, Expand PET-CT service (COPN Request VA-8758)
- Inova Reston MRI Center, Expand MRI service (COPN Request VA-8755)
- IFRC, Establish MRI Service in Woodbridge, Virginia (COPN Request VA-8756)
- IFRC, Establish CT Service in Woodbridge, Virginia (COPN Request VA-8757)
- StoneSprings Hospital Center, Establish a CT service (COPN Request VA-8761)

II. Previous Minutes

The board approved minutes of the May 6, 2024, meeting.

III. Conflict of Interest

Kincheloe followed HSANV conflict of interest procedures to determine whether any member had a conflict of interest on any of the applications on the agenda. No conflicts were declared, alleged, or otherwise identified.

IV-A. COPN Applications: Cardiac Care Associates, Establish cardiac PET-CT service (COPN Request VA-8754) Woodburn Nuclear Medicine, Expand PET-CT service (COPN Request VA-8758)

1. Cardiac Care Associates, Establish Cardiac PET-CT Service, (COPN Request VA 8754)

Cardiac Care Associates Presentation

Young Park, MD, and Sarah Oliver, NP, Cardiac Care Associates (CCA), presented key elements of CCA's proposal to establish a cardiac PET-CT service in Reston, VA. Among other considerations, Park and Oliver emphasized:

- Cardiac PET-CT imaging is now the standard of care for myocardial perfusion studies in coronary artery disease diagnosis, monitoring, and treatment planning.
- Cardiac PET's greater sensitivity and specificity, compared with alternative imaging modalities such as SPECT (single photon emission computed tomography), permits greater diagnostic certainty, reducing the number of false positive and false negative tests and avoiding the consequences of those errors.
- Cardiac PET scans require less than half the time of a SPECT study and entail far less radiation exposure.

- CCA is a large, and growing, cardiology practice serving thousands of coronary artery disease patients in eastern Loudoun and western Fairfax counties. Many, perhaps most, of these patients would be better served with cardiac PET imaging rather than SPECT scans.
- The service would be established by contracting with CDL Nuclear Technologies, a national PET imaging vendor. Contracting with a national vendor such as CDL is the most practical and cost-effective way to offer the service at CCA.
- CCA expects about 40% of its patients would receive cardiac PET scans rather than SPECT scans were the service available on site.

Board & Staff Questions, Discussion

In response to questions, Park and Oliver stated, or acknowledged, that:

- CCA performed about 2,700 SPECT scans in 2023. At least 40% of this volume is likely to shift to cardiac PET scans when the service becomes available on site. This is lower than that the 52% (1,680 patients) estimate in the application.
- SPECT remains a valuable diagnostic tool for many cardiac patients. SPECT and cardiac PET imaging are complementary when used appropriately. CCA expects to provide thousands of cardiac PET and SPECT scans annually.
- The capital lease arrangement offered by CDL Nuclear Technologies, which is essentially a turnkey venture with little or no capital investment by the lessee, makes it possible for CCA and other cardiology practices to offer onsite cardiac PET imaging.
- The *pro forma* budget in the application was prepared by the lessor, CDL Nuclear Technologies.
- Though more costly, the shorter duration, lower radiation dose, and image quality of cardiac PET scans makes it the superior myocardial perfusion imaging modality for most cardiovascular patients.

Public Comment

There was no public comment other than the letters of support submitted with the application.

Applicant Final Summary

Park thanked the board for its attention and offered to answer any additional questions.

2. Woodburn Nuclear Medicine Presentation, COPN Request VA-8758

Eric Norby, MD, introduced himself and Aaron Stack, MD. Norby reviewed the history of Woodburn Nuclear Medicine (Woodburn) in northern Virginia and the Washington metropolitan area and summarized the basic elements of the application. Among other considerations, he emphasized:

- After decreasing during the COVID-19 epidemic, Woodburn's PET service volumes have grown substantially over the last three years. Demand is continuing to increase.
- Woodburn is undertaking a larger number of clinical trial studies that require a series of PET scans.

- Woodburn (Metro Region PET) serves largely oncology and neurology patients. It does not offer the myocardial perfusion imaging offered by several recently authorized cardiac PET-CT services. It has no plans to do so.
- Woodburn has extended operating hours to weekday evenings and weekends, but scheduling remains challenging.
- With an annual case load of more than 4,000 scans, and a desire to undertake more clinical trials, Woodburn needs additional capacity to meet current and prospective demand.
- Unused capacity at other oncology focused PET-CT is not a practical alternative to adding needed capacity at Woodburn.
- Given its long history and established referral network, adding capacity at Woodburn is not likely to affect demand at other local PET services.

Board & Staff Questions, Discussion

In response to questions, Norby stated, or acknowledged, that:

- Woodburn is now engaged in seven clinical trials. It expects to be selected to conduct additional trials within the next year.
- Clinical trials now represent between 5% and 7% of Woodburn's PET caseload.
- Woodburn's extraordinarily low charity care caseload, less than one half of one percent of gross charges and net revenue, is largely a function of the fact that nearly all patients referred to the service are well insured and do not qualify or need charity.
- Woodburn acknowledges and accepts a charity care commitment equivalent to the regional average among other PD 8 COPN recipients.

Public Comment

There was no public comment on the application.

Applicant Final Summary

Norby restated briefly the need for additional capacity and thanked the board for its consideration of Woodburn's proposal.

Staff Recommendations, COPN Request VA-8754 & COPN Request VA-8758

Dean Montgomery noted that though technically characterized as competing applications, the CCA and Woodburn proposals are not competing in any meaningful or measurable way. Based on the data and information presented in the agency staff report on the applications, on the testimony presented by the applicants, and on the lack of reliable service planning guidance, Montgomery recommended approval of both applications.

Board Deliberation and Vote, COPN Request VA-8754

Sally Patterson offered a motion to recommend approval of the CCA application, COPN Request, VA-8754. Lydia Lawrence seconded the motion. The motion passed by a vote of thirteen in favor (Carrasco, Deitos, Fonseca, Kimmel, Kincheloe, Lawrence, Lepczyk, Patterson, Raj, Sharpe, Smith, Weber, Zlotnick) and none opposed, with one abstention (Alvarez).

Board Deliberation and Vote, COPN Request VA-8758

Sally Patterson offered a motion to recommend approval of the Woodburn application, COPN Request, VA-8758. Tom Fonseca seconded the motion. The motion passed by a vote of fourteen in favor (Alvarez, Carrasco, Deitos, Fonseca, Kimmel, Kincheloe, Lawrence, Lepczyk, Patterson, Raj, Sharpe, Smith, Weber, Zlotnick) and none opposed.

IV-B. COPN Applications: IRMC, Expand MRI service (COPN Request VA-8755) IFRC, Establish MRI service (COPN Request VA-8756)

1. IRMC, Expand MRI service (COPN Request VA-8755)

IRMC Presentation

Elizabeth Breen, IRMC Counsel, introduced herself and others representing the applicant: Lance Boyd, CEO, Fairfax Radiology Centers, and Patrick Oliverio, MD, IRMC and Fairfax Radiology Consultants.

Breen, Boyd and Oliverio discussed the need for an additional MRI scanner at Tysons MRI and Imaging Center (Tysons MRI). The information they presented is in the set of slides used during the discussion (Attachment 1). Among other considerations, they emphasized:

- Tysons MRI has high use. Its annual caseload is substantially higher than the Virginia State Medical Facilities Plan (SMFP) target service volume of 5,000 scan per scanner. Demand is increasing.
- IRMC's MRI services (Reston-Herndon and Centreville) also have high and increasing use.
- There is no unused or underused MRI capacity within the control of IRMC that can be reallocated to meet increasing demand at Tysons MRI. Consequently, IRMC has an institutional need for additional capacity, an additional scanner at Tysons MRI.
- Adding a second scanner at Tysons MRI would not have adverse effects at other MRI services.
- The scanner requested would have a field strength of 1.5 Tesla. It would complement the 3.0 Tesla scanner now in place at Tysons MRI.
- The capital cost of the project is reasonable, within the range commonly seen locally and elsewhere.

Board & Staff Questions, Discussion

In response to questions, Breen, Boyd and Oliverio stated, or acknowledged:

- Replacing and relocating the Sterling MRI scanner at Tysons MRI, rather than establishing a new service in Woodbridge, is less than optimal from IRMC's perspective. It is not a practical option because IRMC and IFRC are different corporate entities.

Public Comment

There was no public comment other than the letters of support submitted with the application.

Applicant Final Summary

IRMC did not offer additional testimony. Breen thanked the board and offered to answer any remaining questions.

2. IFRC, Establish MRI service (COPN Request VA-8756)

IFRC Presentation

Elizabeth Breen, IFRC Counsel, introduced herself and others representing the applicant: Lance Boyd, CEO, Fairfax Radiology Centers, and Patrick Oliverio, MD, IFRC and Fairfax Radiology Consultants.

Breen, Boyd and Oliverio presented the applicant's rationale for the proposal. The data and information they presented is summarized in the slides they distributed (Attachment 2). Among other considerations, they noted:

- IFRC's Sterling Virginia MRI service, Sterling Imaging Center, must be replaced and relocated. The scanner is at the end of its useful life and the office space it occupies must be vacated soon. IFRC seeks approval to replace and relocate the Sterling service in Prince William County (Woodbridge, VA). The project is inventory neutral.
- IFRC serves a significant number of Prince William County residents but does not have MRI or CT scanning capability in the county.
- Establishing an MRI service in Woodbridge would improve access to MRI scanning (and other imaging services) for county IFRC patients and others who might choose to use the service.
- IFRC's other scanners (Reston-Herndon MRI Center and Centreville MRI Center) also have high use and increasing demand.
- The capital cost of the project is reasonable, within the range commonly seen locally and elsewhere.

Board & Staff Questions, Discussion

In response to questions, Breen, Boyd, and Oliverio stated, or acknowledged:

- There are now six authorized MRI scanners in eastern Prince William County. The Rayus and Kaiser Permanente services are highly used. The Sentara Healthcare scanners (SNVMC, Lake Ridge) have relatively low service volumes.
- IFRC does not have an imaging center in Prince William County that has COPN controlled services, e.g., CT and MRI scanners. The MRI scanner requested would be placed in an outpatient treatment center Inova Health System is developing in Woodbridge, VA. A separate COPN application (COPN Request VA-8757) seeks authorization to establish an IFRC CT scanning service at the facility.
- IFRC now serves relatively few Prince William County patients, most of whom (more than 75%) reside in western Prince William County. They now use IRMC's imaging center in southwest Fairfax County (Centreville).
- The potential negative effects of a Woodbridge IFRC imaging center on nearby MRI services are unclear.
- The Fairfax Radiology Centers imaging facility in Woodbridge, which does not offer CT or MRI scanning, will remain open under the control of Fairfax Radiological Consultants.

Public Comment

There was no public comment other than the letters of support submitted with the application.

Final Summary

IFRC chose not to make a summary statement.

Staff Recommendations: COPN Request VA-8755 & COPN Request VA-8756

Montgomery noted that though technically characterized as competing applications, the IRMC and IFRC proposals are not competing in any meaningful sense. They have, or would have, distinctly different primary service areas. The IRMC project qualifies for consideration to expand under the institutional need provision of the Virginia SMFP. The IFRC project, an equipment replacement and relocation project, is inventory neutral. Based on these considerations, the data and information presented in the agency staff report on the applications, and on the testimony presented by the applicants, Montgomery recommended approval of both.

Board Deliberation and Vote, COPN Request VA-8755

Tom Fonseca offered a motion to recommend approval of the IRMC application, COPN Request, VA-8755. Anitha Raj seconded the motion. The motion passed by a vote of fourteen in favor (Alvarez, Carrasco, Deitos, Fonseca, Kimmel, Kincheloe, Lawrence, Lepczyk, Patterson, Raj, Sharpe, Smith, Weber, Zlotnick) and none opposed.

Board Deliberation and Vote, COPN Request VA-8756

Patrice Lepczyk offered a motion to recommend approval of the IFRC application, COPN Request, VA-8756. Robert Sharpe seconded the motion. The motion passed by a vote of fourteen in favor (Alvarez, Carrasco, Deitos, Fonseca, Kimmel, Kincheloe, Lawrence, Lepczyk, Patterson, Raj, Sharpe, Smith, Weber, Zlotnick) and none opposed.

IV-C. COPN Applications: IFRC, Establish CT service (COPN Request VA-8757) SSHC, Establish CT service (COPN Request VA-8761)

1. IFRC, Establish CT scanning service (COPN Request VA-8757)

IFRC Presentation

Elizabeth Breen, IRMC Counsel, introduced herself and others representing the applicant: Lance Boyd, CEO, Fairfax Radiology Centers, and Patrick Oliverio, MD, IFRC and Fairfax Radiology Consultants.

Breen, Boyd and Oliverio presented the application. They focused on the need for additional CT scanning capacity in northern Virginia and the merits of placing an IFRC service in eastern Prince William County. The information presented is summarized in the slides used during their testimony (Attachment 2). They noted:

- The Virginia SMFP service planning methodology indicates there is a need for additional CT scanning capacity in northern Virginia (PD 8).
- IFRC has nine CT scanners and serves a large number of Eastern Prince William County residents but does not have a CT service in Prince William County.
- Eastern Prince William County is an appropriate location to add needed CT scanning capacity. IFRC's operational CT services have high use. It has no unused capacity that can be reallocated to serve IFRC patients in Prince William County.
- Establishing an additional CT scanning service in Woodbridge to serve patients that otherwise would be seen at IFRC services outside the county is not likely to affect other services negatively.
- The capital cost of the project is reasonable, within the range commonly seen locally and elsewhere.

Board & Staff Questions, Discussion

In response to questions, Breen, Boyd and Oliverio stated:

- The proposed CT service would be in the outpatient treatment center Inova Health System is developing in Woodbridge, near Sentara Northern Virginia Medical Center.

Public Comment

There was no public comment other than the letters of support submitted with the application.

Final Summary

IFRC did not wish to offer additional testimony. Breen thanked the board and offered to answer any additional questions.

2. SSHC Establish CT service (COPN Request VA-8761)

IFRC Presentation

Tom Stallings, SSHC Counsel, introduced himself and Tammy Razmic, CEO, StoneSprings Hospital Center (SSHC).

Razmic presented the application. She called attention to several key aspects of the proposal:

- The project entails the relocation of a previously authorized StoneSprings Hospital Center CT scanner to a satellite emergency department in Centreville, Virginia. The satellite emergency department will be located near the intersection of Route 50 and Route 28.
- As an equipment relocation project, the proposal is inventory neutral. The number of authorized CT scanners at SSHC, and region wide, will not change.
- The project would facilitate the expansion of emergency services and, thereby, improve access to urgent and emergency care in southeastern Loudoun County and southwestern Fairfax County.
- There is considerable community support for the proposal, including that of Fairfax County fire and rescue officials.

- The project is consistent with Virginia SMFP CT service development requirements.

Board & Staff Questions, Discussion

In response to questions, Stallings and Razmic stated or acknowledged:

- Developing multiple satellite hospital emergency departments is a Hospital Corporation of America service development policy. Reston Hospital Center, the other local HCA acute care hospital has two satellite emergency departments (Leesburg and Tysons). Though there are no immediate plans, it is not unlikely that StoneSprings Hospital Center too may develop a second satellite service.
- The CT scanner that would be relocated has obtained COPN authorization but has not been installed at SSHC.

Public Comment

There was no public comment other than the letters of support submitted with the application.

Final Summary

SSHC thanked the board for attention and consideration.

Staff Recommendations: COPN Request VA-8757 & COPN Request VA-8761

Montgomery noted that though technically characterized as competing applications, the IFRC and SSHC proposals are not competing in any meaningful sense. They have, or would have, different primary service areas. The IFRC project is consistent with the public need provisions of the Virginia SMFP. The SSHC proposal, an equipment relocation project, is inventory neutral. Based on these considerations, on the data and information presented in the agency staff report on the applications, and on the testimony presented by the applicants, Montgomery recommended approval of both.

Board Deliberation and Vote, COPN Request VA-8757

James Smith offered a motion to recommend approval of the IFRC application, COPN Request, VA-8757. Sally Patterson seconded the motion. The motion passed by a vote of fourteen in favor (Alvarez, Carrasco, Deitos, Fonseca, Kimmel, Kincheloe, Lawrence, Lepczyk, Patterson, Raj, Sharpe, Smith, Weber, Zlotnick) and none opposed.

Board Deliberation and Vote, COPN Request VA-8761

Sally Patterson offered a motion to recommend approval of the SSHC application, COPN Request, VA-8761. Tom Fonseca seconded the motion. The motion passed by a vote of fourteen in favor (Alvarez, Carrasco, Deitos, Fonseca, Kimmel, Kincheloe, Lawrence, Lepczyk, Patterson, Raj, Sharpe, Smith, Weber, Zlotnick) and none opposed.

V. Nominating Committee Report

The board considered the Nominating Committee's recommended slate of candidates for four officer and four at large executive committee positions for FY 2024-2025. There were no nominations from the floor. Nominations were closed. The Nominating Committee slate was elected by acclamation. Those elected by position are:

HSANV Officers Executive Committee Members 2024-2025

Member	Position
Pamela Kincheloe, RN (Manassas, P)	Chairperson
Anitha Raj (Fairfax County, C)	First Vice-Chairperson
Michael Carrasco (City of Alexandria, C)	Secretary
Terry West (City of Alexandria, C)	Treasurer
Patrice Lepczyk (Falls Church, C)	Executive Committee
Maria Zlotnick (Fairfax County, C)	Executive Committee
James Smith, MD (Loudoun County, P)	Executive Committee
Michelle Kimmel (Fairfax County, C)	Executive Committee

The committee slate did not include a nominee for second vice chairperson. The committee will reconvene and recommend a candidate, or candidates, for the position

VI. Other Business

The next HSANV board meeting was set for Monday, September 9, 2024.

VII. Adjourn

Kincheloe adjourned the meeting at 9:45 PM.

Respectfully submitted,



Dean Montgomery

Attachments (2)

IRMC, LLC d/b/a
Tysons MRI and Imaging Center
COPN Request No. VA-8755
Expand MRI Services

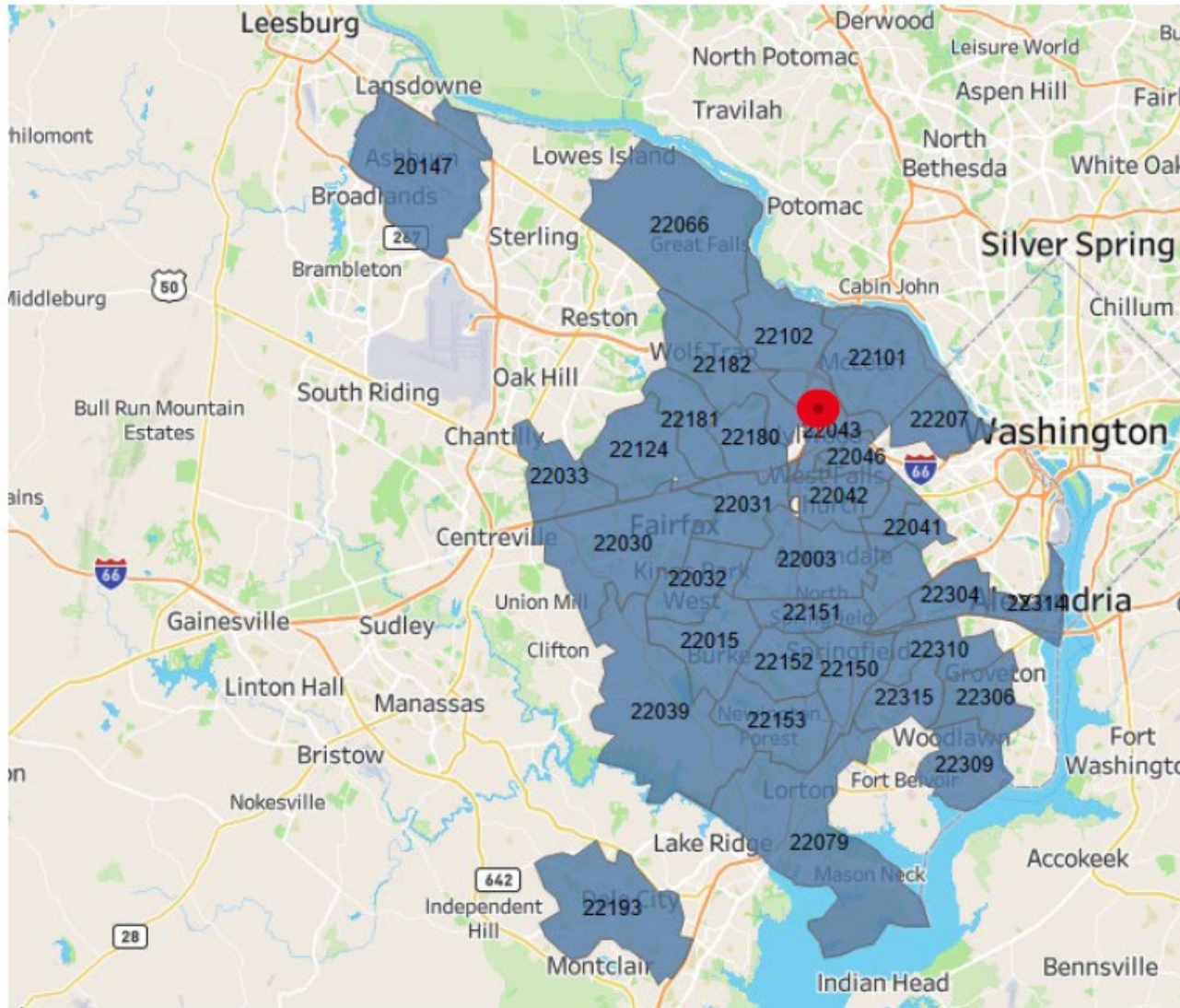


HSANV Public Hearing
June 17, 2024



VA-8755

Request Summary



Request is to add MRI capacity to the Tysons MRI and Imaging Center. MRI will be located at an existing IFRC, LLC imaging site at 7799 Leesburg Pike, Falls Church, Virginia.

- Project is based on institutional need for 1 additional MRI unit and will bring the total number of MRIs at the site to 2.
- The current unit at the Tysons location performed at 133% of State Medical Facility Plan (SMFP) in 2023 and at 144% based on May 2024 YTD. Utilization is at capacity and beyond the ability to support additional increasing demand.
- In addition to an already existing MRI at that location, other modalities include CT and X-ray.

- The proposed additional MRI will be placed in an already shielded space in the already existing leased space which contains the current single COPN-approved MRI. The site also includes a COPN- approved CT as well as other imaging services not subject to COPN regulation including X-ray.
- The capital cost for the expansion is \$2.4 million, with \$1.25M for the new MRI unit.
- Completion is expected by July 2025.



SUITE 104S PLAN

SCALE: 1/16" = 1' - 0"

XRAY AREAS CT AREAS MRI AREAS ULTRASND AREAS COMMON AREAS

MODALITY SUMMARY

TOTAL SUITE AREA = 5,993 SF (U.S.F.)

MODALITY	USF	USF w/ COM.
MRI STES.	2,416 SF	3,967 SF
ULTRASOUND	133 SF	219 SF
CT SUITE	681 SF	1,118 SF
X-RAY	419 SF	689 SF
TOTAL OF MODALITIES	3,650 SF	5,993 SF
COMMON AREAS	2,343 SF	

IRMC, LLC MRI Volume Trend and as a % of SMFP

Tyson's MRI and Imaging Center, was already well exceeding the SMFP standard in 2023 and now is on trend to continue to exceed even further in 2024 based on May 2024 YTD annualized procedure volume of 7,195 or 144% of SMFP.

Company	Facility Name	# MRIs	Procedures		% of State Medical Facility Plan	
			2023	May 2024 YTD Ann.	2023	May 2024 YTD Ann.
IFRC						
42BIC	BALLSTON IMAGING CENTER	1	5,416	6,120	108%	122%
43LIC	LANDSDOWNE IMAGING CENTER	2	13,542	14,071	135%	141%
44SIC	STERLING IMAGING CENTER	1	3,593	2,801	72%	56%
IFRC Total		4	22,551	22,992	113%	115%
IRMC						
29RSTMR	RESTON-HERNDON MRI CENTER *	1-2	7,033	13,399	141%	134%
30TYS	TYSONS MRI AND IMAGING CENTER **	1	6,637	7,195	133%	144%
49CVLMR	CENTREVILLE MRI CENTER	1	6,844	7,894	137%	158%
IRMC Total		3	20,514	28,488	137%	142%
Grand Total		7	43,065	51,480	123%	129%

* Effective 2024, Reston-Herndon MRI Center has 2 MRIs.
 ** In 2023, Tysons MRI count decreased to 1 MRI so calculation for 2023 is based on 1 MRI unit.

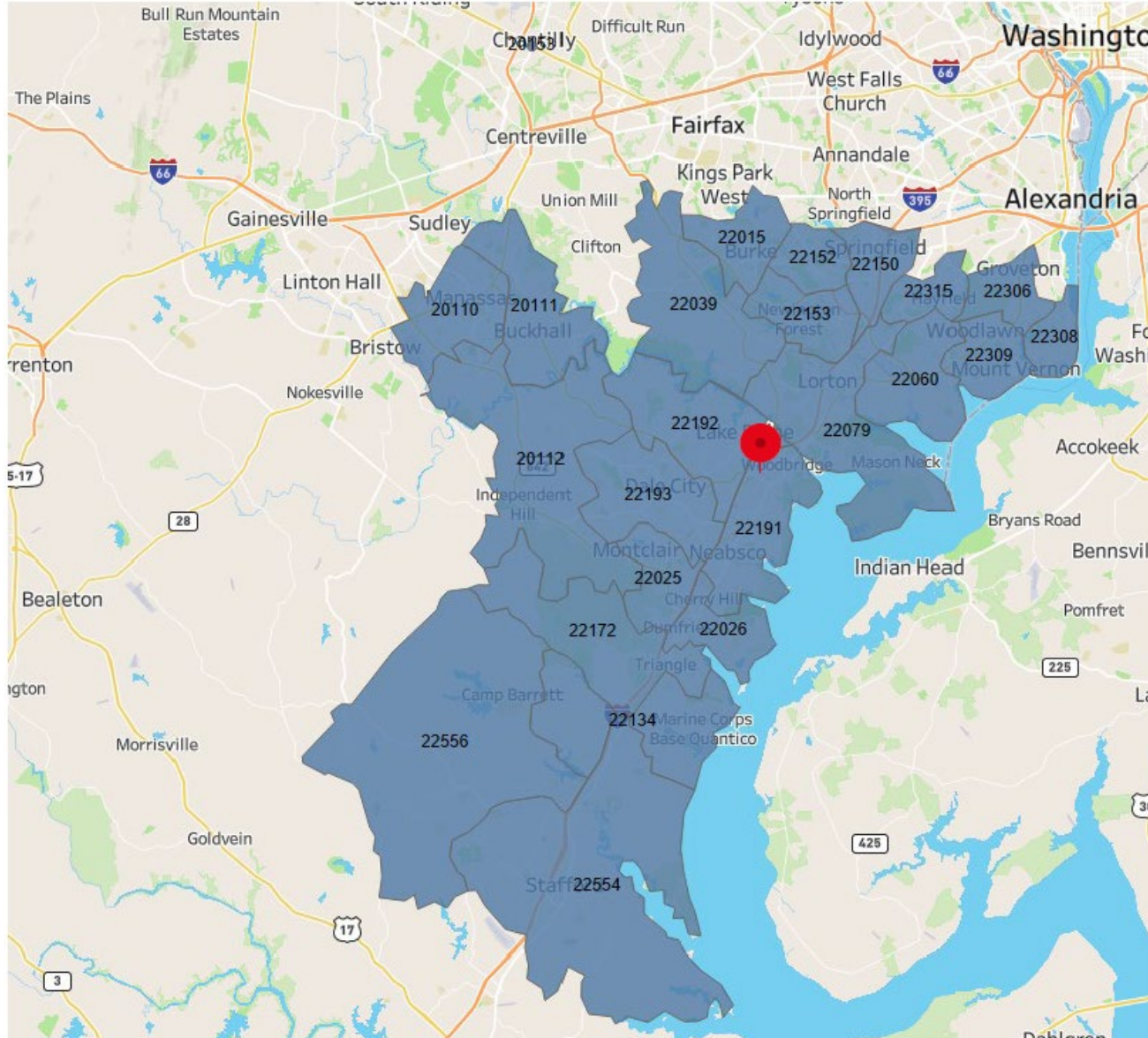


IFRC, LLC d/b/a
FRC at Inova Health Center-Woodbridge
COPN Requests No.
VA-8756 Establish MRI Services
and
VA-8757 Establish CT Services



HSANV Public Hearing
June 17, 2024

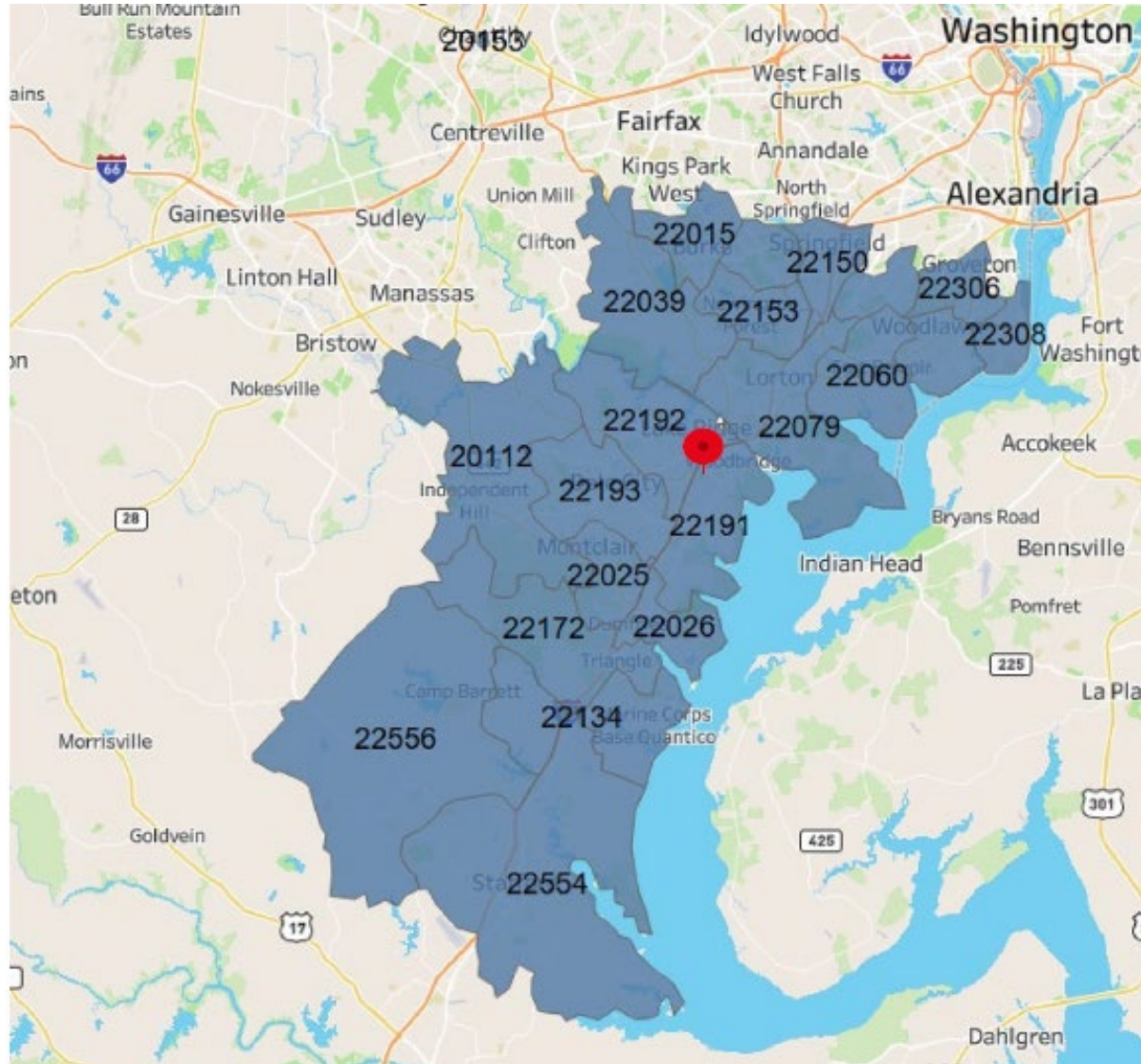
VA-8756 Establish MRI Services Request Summary



Request is to establish MRI services at a new location in Woodbridge to be located at 14349 Gideon Drive.

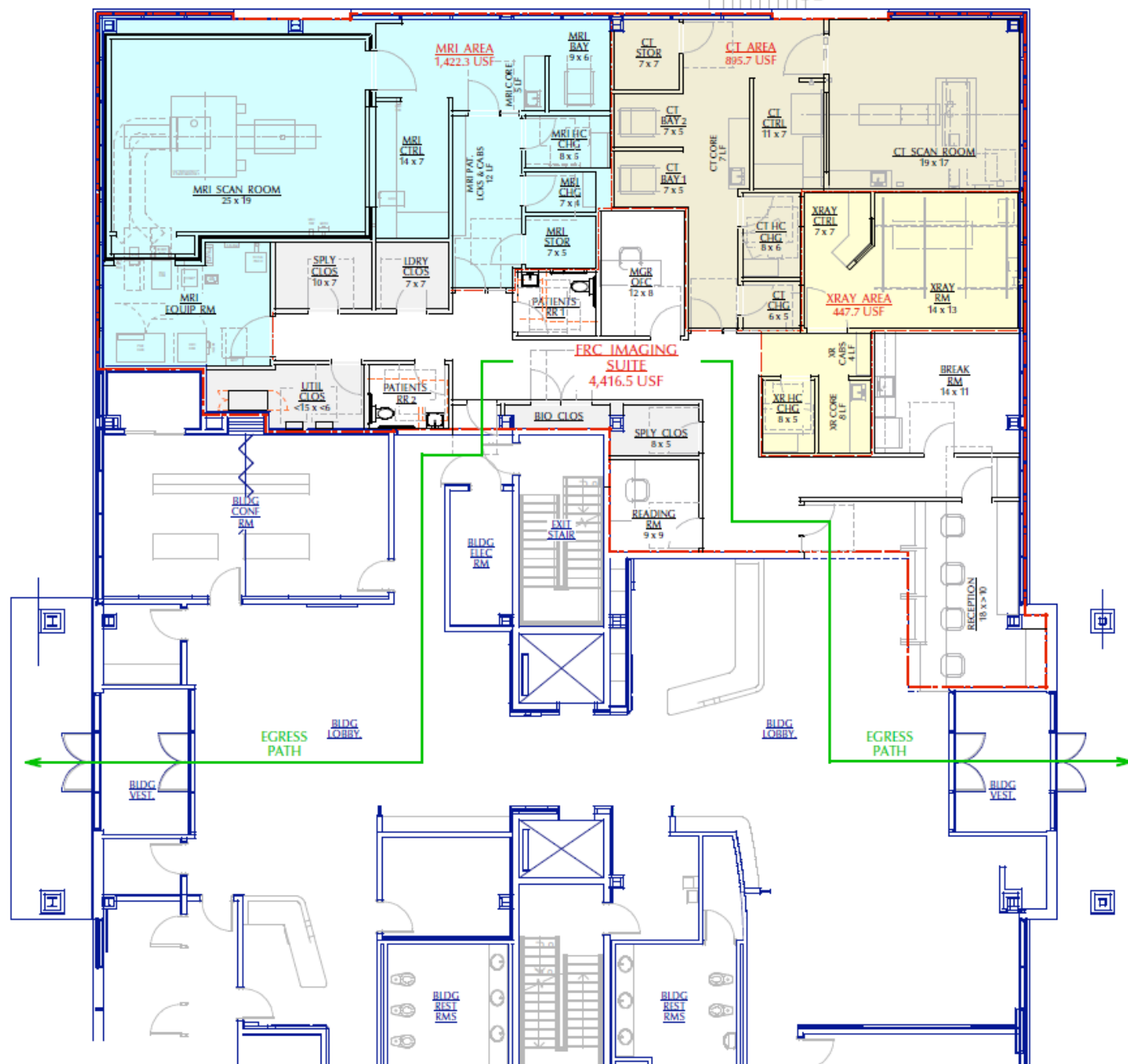
- Project is to replace and relocate the MRI from the IFRC Sterling site that is at end-of-life and needs replacing to the new Woodbridge facility which will make better use of an existing COPN asset while keeping the PD8 MRI inventory neutral. IFRC does not plan to renew the lease at Sterling when it ends in February 2027
- The purpose is to serve existing IFRC patients particularly at the IFRC of Woodbridge imaging site that provides imaging services in X-Ray, Ultrasound, Mammo, and Dexa as well as Inova's patients at the future Inova Healthcare Center of Woodbridge which will be co-located in the same building including Inova primary and specialty referral physicians.

VA-8757 Establish CT Services Request Summary



Request is to establish CT scanning services at a new location in Woodbridge to be located at 14349 Gideon Drive.

- Project is based on market need for additional CT units in Planning District 8 and for the purpose of serving existing IFRC patients particularly at the IFRC of Woodbridge imaging site that provides imaging services in X-Ray, Ultrasound, Mammo, and Dexa as well as Inova's patients at the future Inova Healthcare Center of Woodbridge which will be co-located in the same building including Inova primary and specialty referral physicians.



SCALE: $3/32'' = 1' - 0''$

MODALITY SUMMARY		
TOTAL USF = 4,416.5 USF		
MODALITY	USF	USF w/ COM.
MRI	1,422.3 SF	2,048.1 SF
CT	895.7 SF	1,289.8 SF
X-RAY	447.7 SF	644.7 SF
--	0.0 SF	0.0 SF
--	0.0 SF	0.0 SF
STOR./ UTIL.	301.3 SF	433.9 SF
COMMON AREAS	1,349.5 SF	4,416.5 SF

FAIRFAX RADIOLOGY CENTERS

8260 WILLOW OAKS CORP., DR., #750
FAIRFAX, VA

POST OFFICE BOX 495
301-670-5616