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March 26, 1999

Office of the Secretary
Federal Communications Commission
The Portals, TW-A325
445 12th Street S.W.
Washington, DC 20554
Attn: Ms. Magalie Roman Salas, Secretary

RE: WT Docket 99-66

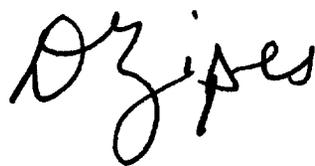
Dear Ms. Salas:

Enclosed please find a copy of my September 5, 1997 letter to you to support the application filed by Medtronic, Inc. on July 28, 1997 for a Petition for Rule Making, asking the FCC to amend the Agency's rules to create the Medical Implant Communications Service to operate over a range of over 2 meters in the 402-405 MHz band at ultra low power (25 microwatts) without individual station licenses.

I am still very supportive of this application because I feel the improved telemetry offered by Medtronic will greatly improve the care of patients with implanted devices. Therefore, I urge you to create the Medical Implant Communications Service, which would provide for short range ultra low power data communications between implanted medical devices such as cardiac pacemakers and defibrillators and their associated external support devices such as programmers and remote follow-up gear.

If you wish further information, I would be happy to discuss this with you.

Sincerely,



Douglas P. Zipes, M.D.
Distinguished Professor of Medicine,
Pharmacology and Toxicology
Director, Division of Cardiology
and Krannert Institute of Cardiology

DPZ:jh

SCHOOL OF MEDICINE

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SEP 28

FEDERAL COMMUNICATIONS COMMISSION

September 5, 1997

Office of the Secretary
Federal Communications Commission
1919 M Street, N.W.
Washington, D.C. 20554

SCHOOL OF MEDICINE

RE: RM-9157

Dear Sir or Madam:

I would like to support the application filed by Medtronic, Inc. on July 28, 1997 for a Petition for Rule Making asking the FCC to amend the Agency's rules to create the Medical Implant Communications Service to operate over a range of over 2 meters in the 402-405 MHz band at ultra low power (25 microwatts) without individual station licenses. This system would support data rates nearly 50 times faster than the current inductive systems which require that a pick-up coil be held close to the implant site. This system is in the public interest because it would enhance patient care and improve treatment options by affording communication with implantable medical services in a manner that is significantly more efficient than current systems. Such a system would be applicable in clinics, operating rooms and any other place that a patient with a pacemaker or defibrillator has device interrogation and could even be done at home without direct patient involvement with complex equipment operation. Patients would not have to disrobe for device interrogation, communication would be much faster and would enable communication among multiple implantable devices without fragile wire connections. More information could be obtained in less time and thereby save healthcare dollars and free up a physician/technician to treat more patients effectively.

I would be happy to discuss this further with you if you wish.

Sincerely,

Douglas P. Zipes, M.D.
Distinguished Professor of Medicine,
Pharmacology and Toxicology
Director, Division of Cardiology
and Krannert Institute of Cardiology

DPZ:jh

cc: David Hillyard, Esquire
Wylie, Rein & Fielding
1776 K Street, N.W.
Washington, DC 20554

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