

NRC FORM 386 (RII)
(4-2004)



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
2443 Warrenville Road, Suite 210
Lisle, Illinois 60532-4352

TELEFAX TRANSMITTAL

DATE: 9/22/04

NUMBER OF PAGES: 2
(including this page)

SEND TO: Ameer Kabour

LOCATION: Mobile Cardiac Imaging

FAX NUMBER: 734-662-9224 ☐ **VERIFY BY CALLING SENDER**

FROM: G. Parker
(SENDER)

TELEPHONE NUMBER: 630-829-9869 FAX NUMBER: 630-515-1259

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE Fee for reciprocity is \$1500.00 Please submit additional \$100.00 to the US Nuclear Regulatory Commission. Formal approval letter to follow in approximately 10 days subject to receipt of additional fee.

BTH

NOTICE

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and return the original to the above address, by U.S. Mail. Thank you.

09/26/04

MEDICAL PHYSICS CONSULTANTS, INC.

2309 Shelby • Ann Arbor, MI 48103
(734) 662-3197 • (734) 662-9224 FAX
www.medphyscon.com

July 27, 2004

Tim Depinet, CNMT
Toledo Cardiology Consultants, Inc.
3922 Woodley Avenue Suite 201
Toledo, Ohio 43606

Dear Tim:

Enclosed please find NRC form 241. The filing of this form will allow **Mobile Cardiac Imaging, LLC** to use your new Ohio Agreement State Mobile Nuclear Medicine license in Michigan at the specific address noted. This is noted as a granting of reciprocity from the NRC.

To ensure proper handling by the NRC please note the following:

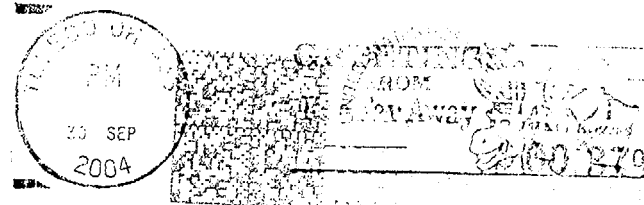
1. Type in the expiration date for the Ohio Radioactive Materials License issued to Mobile Cardiac Imaging, LLC under Item 18 of the NRC form.
2. Review the contents of the form for accuracy. All notations are legally binding.
3. Please have Dr. Kabour print and sign his name and date this form as the "Certifying Officer".
4. Attach a complete copy of the Ohio **Mobile** Nuclear Medicine license number 2220-49-0003.
5. Attach a facility check for \$1400 payable to the US Nuclear Regulatory Commission.
6. Make three (3) copies of the entire submission.
7. Forward the original plus one (1) copy to:

Regional Administrator
Division of Nuclear Material Safety
ATTN: Reciprocity Request
U.S. Nuclear Regulatory Commission
Region III
2443 Warrenville Road, Suite 210
Lisle, Illinois 60532

8. Keep one (1) copy for Dr. Kabour's files and one (1) copy to your MPC binder.



2409 Cherry Street, Suite 100
Toledo, OH 43608



ML

Regional Administrator
Division of Nuclear Material Safety
ATTN: Reciprocity Request
U.S. Nuclear Regulatory Commission
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