

Hartford Cardiology Group, LLC

345 North Main Street, Suite 100, West Hartford, CT 06117, Tel 860-547-1489,
Fax 860-548-9105

To: USNRC Region I
2100 Renaissance Blvd, Suite 100
King of Prussia, PA 19406-2713

July 27, 2012

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RE: License documentation correction for License No. 06-31314-02.
Docket No. 030-37824.

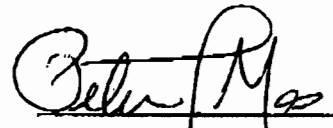
03037824

Dear Sir or Madam:

This letter serves to request the correction of two errors on the address indicated for our practice. The latest license amendment received has Hartford for the city; it should be West Hartford. The license has a zip code of 06107; it should be 06117.

Should you have any questions or desire additional information regarding this private, nuclear cardiology imaging office, please contact me or Thomas Knox, MD, or, Michael White, Practice Manager, at 860-547-1489.

Respectfully submitted,



Peter J. Mas, MS, DABMP
Medical Health Physicist
& RSO

577996

NMSS/RGN1 MATERIALS-002

This is to acknowledge the receipt of your letter application dated

7-27-12, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment: 06-31314-02
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 577996.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.