

## NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

DATE OF CONTACT

04/05/2015

## TYPE OF CONVERSATION

☐ E-MAIL

☐ INCOMING

☒ TELEPHONE

☐ OUTGOING

E-MAIL ADDRESS

TELEPHONE NUMBER

(216) 663-7000

## ORGANIZATION

DOCKET NUMBER(S)

Associates in Medical Physics, LLC

030-35048

LICENSE NUMBER(S)

CONTROL NUMBER(S)

34-26645-02

588520

**SUBJECT**

Additional information needed for termination request.

SUMMARY AND ACTION REQUIRED (IF ANY)

Please confirm that sealed sources were intact and not leaking.

NAME OF PERSON DOCUMENTING CONVERSATION

Kevin Null

SIGNATURE

Hand Piece

DATE OF SIGNATURE

08/07/2015