

From: [Lanzisera, Penny](#)
To: [Kay Kassel](#)
Subject: Request for Additional Information for Amendment
Date: Thursday, August 01, 2019 10:30:00 AM

Licensee: Alliance HealthCare Services, Inc.
License No. 47-25570-01
Docket No. 03035774
Mail Control No. 612513

Dear Ms. Kassel, to support your request to add Drs. Pagano, Do, and Essel to your license; please submit a copy of the VA Permit listing the physicians and their uses. In addition, Dr. Seigler's name is spelled Seigler instead of Siegler on License No. 47-19919-01. Please confirm the spelling of the doctor's name and provide documentation to support if spelled Siegler.

You may provide the above information to my attention either via signed pdf, with attachments, sent to my email or via fax to 610-337-5269. Please include Mail Control. No. 612513 in your reply. Thank you for your assistance,

Penny Lanzisera
Senior HP, US NRC Region I