

'05 FEB -8 P2:07

HAMILTON CARDIOLOGY ASSOCIATES



Mahmoud S. Ghusson, M.D., F.A.C.C., F.A.C.P. Ronald G. Ryder, D.O., F.A.C.C. Ghazanfar A. Jaferi, M.D., F.A.C.C., F.A.C.P. Jay K. Patel, M.D., F.A.C.C. Ilya D. Genin, M.D., F.A.C.C. John Caplan, M.D., F.A.C.C., F.A.C.P. Paula Seth, M.D.

January 19, 2005

US Nuclear Regulatory Commission-Region I Licensing Assistance Section 471 Allendale Road King of Prussia, PA 19407

Re:	Hamilton Card	iology Associates
License #:	29-30396-01	03034471

To Whom It May Concern:

Hamilton Cardiology Associates wishes to remove Bashir Hanif, M.D., F.A.C.C. as an authorized user from our product materials license as he is no longer with this institution.

Should you have any questions, please feel free to contact our Radiation Safety Officer, Mrs. Karen Wheeler, at (908) 788-9440.

Thank you for your kind assistance with this matter.

Sincerely,

Ronald G. Ryder, D.O., F.A.C.C. Medical Director

cc: Karen Wheeler, MA



The Professional Center at Hamilton

2073 ~ 2087 ~ 2117 Klockner Road Hamilton New Jersey 08690

Fax: (609) 584-0103

Mercer Professional Center

416 Bellevue Avenue ~ Suite 202 Trenton New Jersey 08618

Website: hcahamilton.com

This is to acknowled	ige the receipt of your letter/application dated
) lal	
111912003	, and to inform you that the initial processing which
	trative review has been performed.
technical reviewe	$\lambda 9 - 30396 - 01$ dministrative omissions. Your application was assigned to a er. Please note that the technical review may identify additional uire additional information.
Please provide to	o this office within 30 days of your receipt of this card
A copy of your actic	o this office within 30 days of your receipt of this card on has been forwarded to our License Fee & Accounts Receivable ntact you separately if there is a fee issue involved.

NRC FORM 532 (RI) (6-96)

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Sincerely, Licensing Assistance Team Leader 1

	: (FOR LFMS USE) : INFORMATION FROM LTS
BETWEEN:	:
	:
License Fee Management Branch, ARM	: Program Code: 02201
and	: Status Code: 0
Regional Licensing Sections	: Fee Category: 7C
	: Exp. Date: 20120630
	: Fee Comments:
	: Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

- A. REGION J
- 1. APPLICATION ATTACHED
 Applicant/Licensee: HAMILTON CARDIOLOGY ASSOCIATES
 Received Date: 20050208
 Docket No: 3034471
 Control No.: 136444
 License No.: 29-30396-01
 Action Type: Amendment
- 2. FEE ATTACHED Amount:
- 3. COMMENTS

Signed Date

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /__/)

1. Fee Category and Amount: ______

- 2. Correct Fee Paid. Application may be processed for: Amendment _______ Renewal ______ License ______
- 3. OTHER _____

Signed ______ Date _____