



SOUTH HILLS OFFICE:
363 Vanadium Road
Pittsburgh, PA 15243
(412) 429-8840
FAX (412) 429-8067

WASHINGTON COUNTY OFFICE:
4000 Waterdam Plaza Drive, Suite 280
McMurray, PA 15317
(412) 429-8840
FAX (412) 429-8067

NORTH SIDE OFFICE:
Suite 106, Allegheny Prof. Bldg.
490 E. North Avenue
Pittsburgh, PA 15212
(412) 364-1994

U.S. Heart and Vascular

James W. Marcucci, M.D., F.A.C.C. Leonard G. Gehl, M.D., F.A.C.C. David J. Burkey, M.D., F.A.C.C.

Dennis K. Gabos, M.D., F.A.C.C. Qaiser Rasheed, M.D., F.A.C.C.

February 11, 2005

U.S.N.R.C.
Region I
475 Allendale Road
King of Prussia, PA 19406-1415

RE: License # 37-28245-01 03030695

To Whom It May Concern:

This letter is to inform you that Dr. Qaiser Rasheed is no longer working as an authorized user at U.S. Heart and Vascular. This letter is provided according to 10 CFR 35.14.

Thank you for your attention in this matter.

Sincerely,

James W. Marcucci, M.D.
Radiation Safety Officer
US Heart and Vascular

RECEIVED
REGION I
05 FEB 22 P 2:29

136539
NMSS/RGNI MATERIALS-002

This is to acknowledge the receipt of your letter/application dated

2/11/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 37-28245-01
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** 136539.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02201
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20130930
 : Fee Comments: _____
 : Decom Fin Assur Req'd: N
 :

LICENSE FEE TRANSMITTAL

A. REGION 1

1. APPLICATION ATTACHED
 Applicant/Licensee: U. S. HEART AND VASCULAR
 Received Date: 20050222
 Docket No: 3030695
 Control No.: 136539
 License No.: 37-28245-01
 Action Type: Amendment

2. FEE ATTACHED
 Amount:
 Check No.:

3. COMMENTS

Signed *Robert J. ...*
 Date 21 Nov 05

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 _____