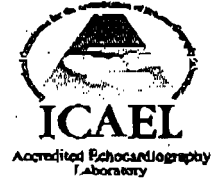


Cardiovascular Healthcare Consultants, P.C.



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Kevin E. Shinal, M.D.
Brian F. Wilner, M.D.

Paoli Medical Building III
Suite 234
Paoli, Pennsylvania 19301
Telephone (610) 647-4260
Fax (610) 647-7430
Baxter Business Center II
495 Thomas Jones Way

Licensing Assistance
US NRC Region I
475 Allendale Rd.
King of Prussia, PA 19406-1415

December 20, 2007

Re : Amendment Request for License #: 37-30715-01

Dear Licensing Specialist,

We have completed the relocation of our Paoli lab to the 495 Thomas Jones Way, Suite 306, Exton, PA, 19341 location of use.

I am requesting an amendment to my above referenced license in order to:

1. Remove the following location of use:
Paoli Memorial Medical Bldg. 1, Suite 104
255 West Lancaster Ave.
Paoli, PA 19301

A close-out survey of the facility is attached for your review.

2. Remove the following authorized user:
Neal F. Skop, M.D.

All other aspects of the program will remain the same. We are concurrently submitting an amendment request to the PA DEP, licensing assistance office in order to make this change. If you have any questions or need any additional information please contact me at your convenience at (610) 647-4260.

Sincerely,

Herman Movsowitz, M.D.
Attachment: Close-out Survey

141462
NMSS/RGN1 MATERIALS-002



Close-Out Survey

Date: July 30, 2007

Review Performed by: Jim Fongheiser

Facility: Paoli Cardiac Imaging

License Numbers: NRC: 37-30715-01
PA-0889

I. Sealed Source Information :

<u>Source</u>	<u>Serial Number</u>	<u>Activity/Date</u>	<u>Comment</u>
Co-57 vial	67310	5.764 mCi on 10/1/05	Transferred to Exton
Cs-137 vial	18321	256.3 uCi on 5/1/02	Transferred to Exton
Co-57 flood	11709C	10 mCi on 10/12/06	Transferred to Paoli Hospital
Location of Sources:		Vials: Exton location	
		Flood: Paoli Hospital	

II. Area Survey Information:

Instruments Used:

Survey Meter – Ludlum 3

Check Source Reading - 2 mR/hr

Check Source Expected - 2 mR/hr

Bkg – 0.03 mR/hr Battery - OK

Well Counter – Ludlum 2200

HV Check Reading - 5.676

HV Check Expected – 5.565

Bkg – 626 cpm

Survey Results:

<u>Survey Location</u>	<u>Dose Rate</u> (mR/hr)	<u>Wipe Count</u> (dpm/100cm ²)	<u>Survey Location</u>	<u>Dose Rate</u> (mR/hr)	<u>Wipe Count</u> (dpm/100cm ²)
Camera	0.03	Bkg	Computer	0.03	Bkg
Treadmill	0.03	Bkg	EKG System	0.03	Bkg
Hot Lab	0.03	Bkg	Prep Area	0.03	Bkg
Sink	0.03	Bkg	Exam Room	0.03	Bkg
Waiting Room	0.03	Bkg	Office	0.03	Bkg
Reception Area	0.03	Bkg	Bathroom	0.03	Bkg
Other _____	_____	_____	Other (Trash)	0.03	Bkg

III Results / Comments:

All waste was decayed in storage from 7/27/07 and transferred to biohazard trash.

No residual contamination present on 7/30/07.

Sources transferred to authorized locations of use.

Jim Fongheiser
Signature

7/31/07
Date

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

12/20/2007, and to inform you that the initial processing which includes an administrative review has been performed.

ATTEND. 37-30715-01
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** 141462.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.