

CONVERSATION RECORD

TIME | DATE  
10-04-2007

VISIT       CONFERENCE       TELEPHONE  
  
 INCOMING  
 OUTGOING

NAME OF PERSON(S) CONTACTED OR IN CONTACT	ORGANIZATION (OFFICE, DEPT. ETC.)	TELEPHONE NO.
Srtephen Bloom, M.D. Radiation Safety Officer	Midwest Cardiology Associates, P.C. 19550 E. 39 <sup>th</sup> St., Suite 210 Independence, MO 64057	816-503-4411

SUBJECT

Control No. 316403/316579: Re request, by letter dated July 13, 2007, to change licensee mailing address from 5701 W. 199<sup>th</sup> St., Suite 430, Overland Park, KS, to 19550 E. 39<sup>th</sup> St. Suite 210, Independence, MO and to delete their former address of use at 4911 Arrowhead Drive, Suite 200, Independence, MO.

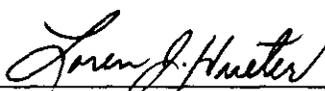
SUMMARY

In the telephone conversation, I requested that Dr. Bloom provide additional information to support their request to delete from the license their former use facility located at 4911 Arrowhead Drive, Suite 200, Independence, MO and to authorize its release for unrestricted use. Specifically I requested that the licensee provide us a copy of the most recent leak test records (confirming their non-leaking status) for the sealed sources transferred from their former use facility to their new use facility and to confirm in writing that they have never possessed any leaking sealed sources, based on routine leak test data, at their former facility of use located at 4911 Arrowhead Drive, Suite 200, Independence, MO, if indeed, that be fact.

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this conversation record will be available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records (PARS) component of NRC's document system (ADAMS). The NRC's document system is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html> (the Public Electronic Reading Room).

ACTION REQUIRED

Licensee to provide requested information, by facsimile, to 630-515-1078. License reviewer to consider the information in evaluation of the licensee's amendment request.

NAME OF PERSON DOCUMENTING CONVERSATION	SIGNATURE	DATE
Loren J. Hueter		10-04-2007

ACTION TAKEN

SIGNATURE	TITLE	DATE