

MIDWEST IMAGING CONSULTANTS

Sycamore, Il 60178 (815) 895-4381

(815) 895-4383 Fax

July 20, 2010

1205 DeKalb Ave.

Geoff Warren Division of Nuclear Material Safety ATTN: Reciprocity request US, NRC, Region III 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352

Mr. Warren,

I would like to add Dr Parvez as an additional site to our reciprocity license. We would be servicing him one day per month and performing Nuclear Cardiology Stress testing using TC99m agents. For your review, I have included a copy of our current reciprocity license with this mailing.

I hope the information submitted is satisfactory. Should you have any questions, please do not hesitate to contact me.

Sincerely,

President/RSO

RECEIVED JUL 2 3 2018

NRC FORM 241 U.S. NUCLEAR REGI	JLATORY COMMISS		APPROVED B						
(8-2008)			Estimated burden per response to comply with this mandatory collection request: 15 minutes. This notification is required so that NRC may schedule inspection of the activities to ensure that they are conducted in						
REPORT OF PROPOSED ACTIVITIES IN				Services Bi	ranch (T-	5 F53), U.S. Nuclear Regulato			
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE				c.gov, and t	o the Des	sk Officer, Office of Information ar 3150-0013) Office of Manageme			
FEDERAL JURISDICTION, OR OFFS	RS	and Budget, Winformation col	ashington, I lection does	C 2050 s not disp	orotection of the public health ar urden estimate to the Records ar 5 F53), U.S. Nuclear Regulato 555-0001, or by internet e-mail sk Officer, Office of Information ar 31-50-0013), Office of Manageme 3. If a means used to impose a play a currently valid OMB control of the property of the proposer, and a person is no collection.				
(Please read the instructions before completing this form)				RC may no ond to, the i	t conduc nformatio	t or sponsor, and a person is no n collection.			
NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)				2. TYPE OF REPORT _ adding add.					
Midnes + Imagina Consultants /// 3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)				INITIAL CHANGES THE					
1205 DeKalb AVC				Tran Dolan RSD					
Sucamore, IL 60178				5. TELEPHONE NUMBER 6. FACSIMILE NUMBER					
Jych lac j]	5. TELEPHONE NUMBER (Include Area Code)							
7 ACTIVITIES TO BE CONDUCT		<u> X/S - X95</u>	<u>-438</u>		8/5-895-4383				
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20									
WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE									
PORTABLE GAUGES OTHER (Specify) => Adding additional Site, Iday per Month									
RADIOGRAPHY => REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS) NICION () 1									
8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE	9. ACTUAL I (Street ar	PHYSICA nd Numbe	L ADDRESS OF V r or other location.	VORK LOCAT Give as com	ION plete an ad	dress or directions as possible.)			
Dr. Shaheen Parvez	16.	10	15th	ςŽ					
1640 45th St.	/ /		40		110	·) .			
MUNSKI IN 46821									
MUNSTER IN 46301	ONE NUMBER 11. WORK LOCATION TELEPHONE NUMBER								
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Area Coo	· ·		Include Are	a Code)			
12. DATES SCHEDULED	13. NUMBER OF	<u> </u>	14.	15		16. LOCATION			
FROM TO	WORK DAYS	-	ADD	DELE	TE	REFERENCE NUMBER NUMBER TO BE			
Vanvara 2010 Dec 31 2010	12	2	χ			ASSIGNED BY NRC			
LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE.									
17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED									
(Include description of type and quantity of radioactive material, sealed sou rces, or devices to be used.)									
Togan Radiophaeman	uticale								
18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UN	DERSIGNED TO CONDUC	T L	ICENSE NUMBER	₹	STATE	EXPIRATION DATE			
ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, ABOVE. (One copy of the specific license must accompany the init	AS SPECIFIED IN ITEM 9. ial NRC Form 241.)	ד	L-02186	-01	TL	VAN 13,2013			
19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)									
I, THE UNDERSIGNED, HEREBY CERTIFY THAT: a. All information in this report is true and complete.									
b. I have read and understand the provision of the general license 10 CFR 150.20 eprinted on the instructions of this form; and I understand that I am									
required to comply with these provisions as to all byproduct, source, or specia nuclear material which I possess and use in non-Agreement States or offshore waters under the general license for which this report is filed with the U.S. Nuclear Regulatory Commission.									
c. I understand that activities, including storage, conducted in non-Agreement States under general license 10 CFR 150.20 are limited to a total of 180 days in calendar year. With the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the calendar year.									
d. I understand that I may be inspected by NRC at the above listed work site locations and at the Licensee home office address for activities performed in non-Agreement States or offshore waters.									
e. I understand that conduct of any activities not described above, including condict of activities on dates or locations different from those described above or without NRC authorization, may subject me to enforcement action, including dvil or criminal penalties.									
CERTIFYING OFFICER RSO or Management Representative (Name and Title)		Do	non			DATE /20 /iD			
WARNING: False statements in this certificate may be subject to vivil and/or criminal penalties. NRC regulations require that submissions to the NRC be complete and accurate in all material respects. 18 U.S.C. Section 1001 makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.									
FOR NRC REVIEWING OFFICIAL (Typed/Printed Name and Title)	of the United States	s as to	any matter w	ithin its ju	risdictio	On. TOTAL USAGE DAYS TO DATE			
USE ONLY	SIGNATURE			DATE		TOTAL GOAGE DATS TO DATE			

IRC FORM 241 U.S. NUCLEAR REGULATORY COMMISSION			APPROVED BY Estimated burder request: 15 min	APPROVED BY OMB: NO. 3150-0013 EXPIRES: 11/30/2011 Estimated burden per response to comply with this mandatory collection request: 15 minutes. This notification is required so that NRC may schedule inspection of the activities to ensure that they are conducted in				
SESSET OF D	APT	· · · · · · · · · · · · · · · · · · ·						
	ROPOSED ACTIVETATES AREAS		FOIA/Privacy St. Commission, W	ervices Branch (1- eshington, DC 20	-5 F53), U.S. Nuclear Regulatory 0555-0001, or by Internet e-mail to			
NON-AGREEMENT S FEDERAL JURISDIC	•		Regulatory Affair and Budget, We	rs, NEOB-10202, (Cahington, DC 2050	3150-0013), Office of Management 31 If a means used to impose an			
(Please read the instru	information colle number, the NR required to respo	accordance with requirements for protection or the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission. Washington, DC 20555-0001, or by internet e-mail to infocollects@rrc.gov, and to the Desk Officer Office of Information and Regulatory Affairs, NEOB-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMS control number, the NRC may not conduct of sponsor, and a person is not required to respond to, the information collection.						
1. NAME OF LICENSEE (Pomon or firm prop	posing to conduct the activities des	cribed below)		2. TYPE O	F REPORT			
Midulest Imaging Consultants INC.			4. LICENSEE CON	INITIAL	CHANGE			
3. ADDRESS OF LICENSEE (Meiling address or other location where licensee may be located) 1205 DeKalb AVE.			Jim.	DORAN	RSO			
Sycamore, IC	5. TELEPHONE NU (Include America 8/5 - 895	UMBER 3do) 5-438/	B. FACSIMILE NUMBER (Include Area Code) 875 - 895 - 4383					
7. ACTIV	VITIES TO BE CONDUCT	ED UNDER THE GENEF	RAL LICENSE GI	VEN IN 10 CFR 1	50.20			
WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE								
PORTABLE GAUGES	TOTHER (Specify)	» » <u>Nuclear</u>	- Cardiolog	u stress	s Testing			
☐ RADIOGRAPHY →	REGISTERED AS USER OF	PACKAGING (CERTIFICATES C						
8. CLIENT NAME, ADDRESS, CITY/COUNT		9. ACTUAL PHYSI (Sireel and Nui	ICAL ADDRESS OF Wo	ORK LOCATION Give as complete on a	ddress or directions as possible.)			
Marcotte Media	cal Group	1590		DIST AVE				
15900 W 101	IST AVE	Direc	IN 4		I			
Dyer, IN 463	' 11	-//						
Dya / + 1 ,	1 (10. CLIENT TELEI (Include Area (- 4					
HALL WEST AND AND ADDRESS OF THE PARTY OF TH			5-6333		65-6333			
12. DATES SCHE	DULED	13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER			
LANUARY 2010 1)	ec 31,2010	4180			NUMBER TO BE ASSIGNED BY NRC			
LIST ADDITIONAL WORK		······································		ON CONTAINED I	IN ITEMS 9-16 ABOVE.			
17. LIST RADIOACTIVE MATERIAL, WHICH (include description of type and quantile				· ·				
Teggm Radio	opharmaceutic	cals						
18. AGREEMENT STATE SPECIFIC LICENS ACTIVITIES WHICH ARE THE SAME, EX ABOVE. (One copy of the specific lice			LICENSE NUMBER TL-02/86-		EXPIRATION DATE VAN 13, 2013			
, I, THE UNDERSIGNED, HEREBY CER'		ION <i>(MUST BE COMPLE</i>	TED BY APPLIC	CANT)	, , , , , , , , , , , , , , , , , , , 			
a. All information in this report								
b. I have read and understand the provision of the general license 10 CFR 150.20 sprinted on the instructions of this form; and I understand that I am required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non-Agreement States or offshore waters under the general license for which this report is filed with the U.S. Nuclear Regulatory Commission.								
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non-Agreement States or off	shore waters.	•			reas for activities performed in			
or without NRC authorization	n, may subject me to enforce	ement action, including dvil			erent from those described above			
CERTIFYING OFFICER - RSO of Management	it Representative (Name and Title)	SIGNATURE S	Horan		DATE /6/D			
WARNING: False statements in the NRC be complete and accurate statement or representation to accurate the statement of the st	ite in all material respects	s. 18 U.S.C. Section/100	01 makes it a crin	minal offense to i	make a willfully false			
	(Typedit and Title	SIMATURE	to diff indicate spin	DATE /	TOTAL USAGE DAYS TO DATE			