



MIDWEST IMAGING CONSULTANTS

1205 DeKalb Ave.

Sycamore, IL 60178

(815) 895-4381

(815) 895-4383 Fax

July 20, 2010

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,

Jim Doran,
President/RSO

RECEIVED JUL 23 2010

**REPORT OF PROPOSED ACTIVITIES IN
NON-AGREEMENT STATES, AREAS OF EXCLUSIVE
FEDERAL JURISDICTION, OR OFFSHORE WATERS**

(Please read the instructions before completing this form)

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 accordance with requirements for protection of 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@nrc.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 OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)
Midwest Imaging Consultants INC.

2. TYPE OF REPORT - *adding add. site*
 INITIAL CHANGES

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
*1205 DeKalb Ave
Sycamore, IL 60178*

4. LICENSEE CONTACT AND TITLE
Jim Dolan RSO

5. TELEPHONE NUMBER (Include Area Code) *815-895-4381*
6. FACSIMILE NUMBER (Include Area Code) *815-895-4383*

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, 1 day per month Nuclear Cardiology*
 RADIOGRAPHY ⇒ REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
*Dr. Shaheen Parvez
1640 45th St.
Munster, IN 46321*

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.)
*1640 45th St
Munster, IN 46321*

10. CLIENT TELEPHONE NUMBER (Include Area Code) *219-513-0999*
11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				NUMBER TO BE ASSIGNED BY NRC
<i>January 2010</i>	<i>Dec 31, 2010</i>	<i>12</i>	<i>X</i>		

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 sources, or devices to be used.)
Tc^{99m} Radiopharmaceuticals

18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9 ABOVE. (One copy of the specific license must accompany the initial NRC Form 241.)
LICENSE NUMBER *IL-02186-01* STATE *IL* EXPIRATION DATE *JAN 13, 2013*

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
- I have read and understand the provision of the general license 10 CFR 150.20 printed 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.
- 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.
- 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.
- I understand that conduct of any activities not described above, including conduct of activities on dates or locations different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.

CERTIFYING OFFICER, RSO or Management Representative (Name and Title) *Jim Dolan RSO* SIGNATURE *James Dolan* DATE *7/20/10*

WARNING: False statements in this certificate may be subject to civil 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 USE ONLY REVIEWING OFFICIAL (Typed/Printed Name and Title) SIGNATURE DATE TOTAL USAGE - DAYS TO DATE

NRC FORM 241 (8-2008)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013

EXPIRES: 11/30/2011

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS

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1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) Midwest Imaging Consultants Inc.

2. TYPE OF REPORT [X] INITIAL [] CHANGE

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) 1205 DeKaib Ave. Sycamore, IL 60178

4. LICENSEE CONTACT AND TITLE Jim Doran RSO 5. TELEPHONE NUMBER (Include Area Code) 815-895-4381 6. FACSIMILE NUMBER (Include Area Code) 815-895-4383

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 [X] OTHER (Specify) => Nuclear Cardiology Stress Testing [] RADIOGRAPHY => REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE Marcotte Medical Group 15900 W 101ST AVE Dyer, IN 46311

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) 15900 W. 101ST AVE Dyer, IN 46311 10. CLIENT TELEPHONE NUMBER (Include Area Code) 219-365-6333 11. WORK LOCATION TELEPHONE NUMBER (Include Area Code) 219-365-6333

Table with 5 columns: 12. DATES SCHEDULED (FROM: JANUARY 2010 TO: Dec 31, 2010), 13. NUMBER OF WORK DAYS (<180), 14. ADD, 15. DELETE, 16. LOCATION REFERENCE NUMBER (NUMBER TO BE ASSIGNED BY NRC)

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.) Tc99m Radiopharmaceuticals

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CERTIFYING OFFICER - RSO or Management Representative (Name and Title) Jim Doran RSO SIGNATURE James Doran DATE 1/6/10

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FOR NRC USE ONLY REVIEWING OFFICIAL (Type, Position, Name and Title) SIGNATURE DATE TOTAL USAGE - DAYS TO DATE RECEIVED JAN 13 2010 / 10