

MATERIALS LICENSING BRANCH

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NUCLEAR REGULATORY COMMISSION
REGION III
2443 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4351

TO: FileCOMPANY: N/A, see below# PAGES: N/A TEL.: N/AFAX #: N/A

(630) 829-9892 FAX: (630) 515-1078

CONVERSATION RECORD

	TIME	DATE
	3:45 pm	03/15/2011
NAME OF PERSON(S) CONTACTED	TELEPHONE NO.	ORGANIZATION
Debbie Zoeller	(314) 989-2335	SSM Ambulatory Services,
REPRESENTED PERSON or PERSONS		ORGANIZATION
Suresh Narayanan, M.D., Radiation Safety Officer		SSM Healthcare-St. Louis
SUBJECT		
License No.: 24-32461-01	Control No.: 574421	

SUMMARY

We reviewed the requesting amendment request and found that we were unable to continue this licensing action until we received additional information concerning the item noted below:

From the request for an authorization for transfer of control, the name to be listed as the licensee name, License Item 1, is unclear. Please specify the name to be listed on the license.

RESPONSE: The contact person indicated that the Licensee should be the parent company, "SSM Ambulatory Services, SSM Healthcare-St. Louis," located at the new mailing address. The name, "SSM Ambulatory Cardiac Imaging," is given to reference the names listed at the locations of use. It would be acceptable to licensee to include both names on the license. No further action is required at this time.

No additional information is required at this time.

NAME OF PERSON DOCUMENTING CONVERSATION
Sara A.B. Forster

SIGNATURE

DATE

Sara A.B. Forster

03/16/2011

3/22/11