



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION II
101 MARIETTA STREET, N.W.
ATLANTA, GEORGIA 30303

OCT 05 1984

"OFFICIAL RECORD COPY"

Northern Virginia Radiology and Nuclear Medicine, Inc.
(Formerly Woodbridge Radiology Associates)
ATTN: Panos Koutrouvelis, M.D.
14904 Jefferson Davis Highway
Woodbridge, VA 22191

Gentlemen:

SUBJECT: APPLICATION FOR RENEWAL OF LICENSE NO. 45-18159-01
(REFERENCE: 15442; 030-14586)

This confirms telephone calls of August 16, 1984 and August 22, 1984 between Panos Koutrouvelis, M.D., Peter Paras, Ph.D., and the undersigned.

Based on the discussions in these calls, we understand that you intend to dispose of your teletherapy device and request termination of your license. We further understand that since this may take several months to complete, you plan to request a short-term renewal of your license.

As of this date, we have not received a written request from you for either of these alternatives. Accordingly, we ask that you provide us such request as soon as possible but no later than October 31, 1984.

If your understandings are different than ours or if you have questions, please call me. My telephone number is 404-221-2686.

Sincerely,

Earl G. Wright
Senior license Reviewer
Nuclear Materials Safety Section

8411280083 841108
NMS LIC30
45-18159-01 PDR

Al 10/5/84

CONVERSATION RECORD

TIME

DATE

8/22/84

TYPE

☐ VISIT☐ CONFERENCE☒ TELEPHONE☒ INCOMING☐ OUTGOING

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT
WITH YOU

Peter Paras

ORGANIZATION (Office, dept., bureau,
etc.)

Northern Va Radiology

TELEPHONE NO.

SUBJECT

15442 / 45-18159-01

ROUTING

NAME/SYMBOL INT

SUMMARY

Dr Paras is the physicist for this license. He call to tell me that his client plans to discontinue use of their Teletherapy + return the source to Nauton products. I told him I would send ~~323~~ Form 314 "Certificate of Disposition forms to him. In the meantime the license is in a deemed timely filed status.

Forms to be mailed to:

Dr Peter Paras

6012 Sunwood Lane

Derwood, Maryland 20855

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Earl B Wright

8/22/84

ACTION TAKEN

SIGNATURE

TITLE

DATE

CONVERSATION RECORD

TIME

DATE

8/16/84

TYPE

☐ VISIT

☐ CONFERENCE

☐ TELEPHONE

☐ INCOMING

☒ OUTGOING

ROUTING

NAME/SYMBOL INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Dr P. Koutrouvelis, *

ORGANIZATION (Office, dept., bureau, etc.)

Northern Va
Radiology

TELEPHONE NO.

937-6011
703-444-1184

SUBJECT

15442 / 030-14586

LG 2300

SUMMARY

Called him to clarify inconsistencies in correspondence referred to in his teletherapy renewal request dated July 27, 1983. He told me they are considering disposal of the unit & termination of the license. He will have Peter Paras (301-443-6220) to call me on this next week.

Earl Wright

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

ACTION TAKEN

SIGNATURE

TITLE

DATE

50271-101

GPO : 1991 O - 361-526 (7227)

CONVERSATION RECORD

OPTIONAL FORM 271 (12-76)
DEPARTMENT OF DEFENSE