

TO: Certification Board of Nuclear Cardiology

Letter Date:

To Whom This May Concern:

RE: Applicant's Full Name:

Applicant's Date of Birth:

This letter serves to confirm that Dr. _____ is a practicing cardiologist working in our private practice group. Our records indicate that he/she has performed and interpreted nuclear cardiology studies over the last 24 months as follows:

	2021	2022	2023
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Myocardial Imaging, Positron Emission Tomography (PET): 78459; 78434

Myocardial Perfusion (any of the following): 78451; 78452; 78453; 78454; 78459

PET cardiac: 78491; 78492 (multiple)

Radionuclide Angiography (any of the following): 78472; 78473; 78481; 78483; 78494; 78496

Total number of nuclear cardiology studies within 24 months of application submission:

I attest that the numbers of studies provided are exact numbers and not rounded or estimated.

Sincerely,

(Signature Required)

Name:

Title: