Lee W. McNeish, D.M.D.

Diplomate, American Board of Oral and Maxillofacial Surgery

650 Chase Parkway
Waterbury, CT 06708
(203) 596-7788

November 8, 2007

Commissioner of the Office of Health Care Access
410 Capital Ave.
MS#13HCA
P.O. Box 340308
Hartford, CT 06134-0308

Dear Commissioner Vogel,

I have practiced oral surgery in Waterbury since completing my residency at the UCONN Health Center in 1988.

As an oral surgeon I am required to diagnose and treat diseases of the jaws. The past decade, advances in dental implant technology has vastly improved and implant placement is now common place.

State of the art diagnosis, treatment planning, and surgical treatment requires the best imaging of upper and lower jaw possible. I would like to replace my existing Orthopantomograph OP 100 Panorex machine with a Sirona Galileos machine. This will provide my patients with the best treatment possible by accurately assessing bone volume, pathology and, with the aid of surgical guides provided by the company, accurately place implants as not possible before. Please find enclosed information on my current unit (Orthopantomograph OP 100) and the Galileos unit I would like to install.

I currently serve the population of central Connecticut, which extends from Thomaston and Bethlehem to Derby/Shelton and from Wolcott/Prospect to Southbury. The address of my satellite office is 121 Wakelee Ave., Ansonia CT, 06401.

The unit would be installed in the Waterbury office and serve patients for whose treatment requires high resolution 3D visualization. Also accurate implant placement (page 18/19) is facilitated by the use of drilling templates manufactured by the company.

This is a private practice purchase and no other entity is involved. The current payers for my services are private, dental and medical insurance companies. I expect no changes with this modification of my imaging technology.

I hope that I provided you with the information you require. I have not been involved in the process before and certainly hope that a CON is not required. This unit is an extension of technology currently present in my office and is for dental-oral surgical use only, not related to the I-CAT machine. It would well serve a large and diverse population of central Connecticut. Thank you for your time and attention to my request. Please call me if you have any questions.

Sincerely,

Lee W. McNeish, D.M.D.

enclosures

State of Connecticut
Office of Health Care Access
CON Determination Form
Form 2020

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed project must complete this Form 2020. The completed form should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If this proposal has more than two Petitioners, please attach a separate sheet, supplying the same information for each Petitioner in the format presented in the following table.

	Petitioner	Petitioner
Full Legal Name	Lee William McNeesh	
Doing Business As	Lee W. McNeesh, DMD	
Name of Parent Corporation	N/A	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	650 Chase Parkway Waterbury CT 06708	
What is the Petitioner's Status: P for profit and NP for Nonprofit	P	
Contact Person, including Title/Position: This Individual will be the Petitioner's Designee to receive all correspondence in this matter.	Lee W. McNeesh, DMD Oral surgeon	

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CONNECTICUT OFFICE OF HEALTH CARE ACCESS

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	650 Chase Parkway Waterbury, CT 06708	
Contact Person's Telephone Number	203-596-7788	
Contact Person's Fax Number	203-596-7194	
Contact Person's e-mail Address	leemcneish@snet.net	

SECTION II. GENERAL PROPOSAL INFORMATION

a. Proposal/Project Title: Install Sirona Galileos Imaging System

b. Location of proposal, identifying Street Address, Town and Zip Code:
650 Chase Parkway Waterbury CT 06708

c. List each town this project is intended to serve:
Greater Waterbury Area including Naugatuck Valley

d. Estimated starting date for the project: December 2007

e. Type of Entity: (Please check *E* for Existing and *P* for Proposed in the boxes that apply)

E	P		E	P		E	P	
☐	☐	Acute Care Hospital	☐	☐	Imaging Center	☐	☐	Cancer Center
☐	☐	Behavioral Health Provider	☐	☐	Ambulatory Surgery Center	☐	☐	Primary Care Clinic
☐	☐	Hospital Affiliate	☒	☐	Other (specify): Oral Surgery office			

SECTION III. EXPENDITURE INFORMATION

a. Estimated Total Project Cost: $ 195,318

b. Please provide the following breakdown as appropriate: (may not represent the aggregate shown above)

Medical Equipment Purchases	180,200
Major Medical Equipment Purchases	
Non-Medical Equipment Purchases*	
Land/Building/Asset Purchases	
Construction/Renovation	
Other (Non-Construction) Specify:_____	
Total Capital Expenditure	
Medical Equipment - Fair Market Value of Leases	
Major Medical Equipment - Fair Market Value of Leases	
Non-Medical Equipment - Fair Market Value of Leases*	
Fair Market Value of Space –Capital Leases Only	
Total Capital Cost	195,318 (TAX incl.)
Total Project Cost	
Capitalized Financing Costs (Informational Purpose Only)	-0-

* Provide an itemized list of all non-medical equipment to be purchase and leased.
* Attached Est *

Major Medical and/or Imaging Equipment Acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
Dental X-ray	Sirona	Galileos	1	*180,200

Note: Provide copy of the vendor contract or quotation for the medical equipment.

c. Check each applicable financing method or funding source to be used for the proposal:

☒	Petitioner's Equity	☐	Capital Lease	☐	Conventional Loan
☐	Charitable Contributions	☐	Operating Lease	☐	CHEFA Financing
☐	Funded Depreciation	☐	Grant Funding	☐	Other (specify): _____

SECTION IV. PROPOSAL DESCRIPTION

Please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following elements need to be addressed, if applicable.

1. Identify the types of services currently provided. If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable?
3. Identify the current population served and the target population to be served.
4. Identify the entity that will be providing the service(s).
5. Identify the entity that will be responsible for the billing of the service(s) relating to this proposal.
6. Identify the entity that owns/leases or will own/lease the physical space of the proposed equipment/service.
7. If there is more than one entity involved in this proposal, please provide copies of any and all existing or proposed contracts or written agreements entered between the two entities that relate to the proposal.
8. Provide a list that identifies the name of each petitioning or affiliate entity involved with this proposal.
9. Provide a copy of the chart of organization for each individual petitioning entity or affiliate and a corporate chart of organization, if applicable.
10. Provide a narrative that addresses the relationship of each petitioning or affiliate entity with the other entities involved with this proposal.
11. Who are the current payers of this service and identify any anticipated payer changes when the proposed project becomes operational?

SECTION V. USE OF CON DETERMINATION FORM AS A LETTER OF INTENT

If the Petitioner's proposal requires a Certificate of Need, please check one of the following:

☒ OHCA may consider the form, and the information provided, as the Petitioner's Letter of Intent Form 2030 requesting initiation of the Certificate of Need process. OHCA will provide the Petitioner a CON application for the proposal.

☐ The Petitioner will submit a separate Letter of Intent Form 2030 to request the initiation of the Certificate of Need process.

SECTION VI. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Lee W. McNeish

Project Title: Install Sirona Galileos Dental X-ray System

I, Lee W. McNeish (Name), Oral Surgeon - Owner (Position – CEO or CFO)

of ~~Lee~~ Lee W. McNeish DMD (Organization Name) being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge, and that private office (Facility Name) complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Lee W. McNeish
Signature

11-8-07
Date

Subscribed and sworn to before me on November 8, 2007

Marianne Como
Notary Public/Commissioner of Superior Court

My commission expires: _____

MARIANNE COMO
NOTARY PUBLIC
MY COMMISSION EXPIRES APR. 30, 2012

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CONNECTICUT OFFICE OF HEALTH CARE ACCESS

Form 2020
Revised 7/06

CUSTOMER ORDER

PATTERSON DENTAL

ID: 777777777
Name: Dr. Lee Mcneish
Address: 650 Chase Parkway
Waterbury, CT 06708

Phone: (203) 596-7788
Fax: (203) 596-7194

Branch: CONNECTICUT BRANCH
Proposed By:
Rep Phone#: ( ) -
Rep Cell Phone#: ( ) -
Rep Fax#: ( ) -
Date Proposed: 10/12/2007
Approx. Install Date:
Expiration Date:

Mfr	Mfr#	Description	Qty	Retail Price	Sell Price	Total
SIRONA	6149319	Galileos 3D Unit	1	199,995.00	180,200.00	180,200.00

Note: Includes: SIDEXIS & GALAXIS 3D Visualization & analysis software w/automatic Pan & Ceph functions, Patented 3D Evaluation window & full DICOM 3D RM compatibility
High Performance 3D Reconstruction PC
GALILEOS Implant Planning Software w/3D surface rendering, nerve marking, full image tilting & rotational functions, complete 3D implant library (including new Temporary Anchorage Device TAD - implants for Orthodontics) & surgical guide design capabilities
3-Year Service Agreement for unit & software includes free software upgrades, annual preventive maintenance program, phone & remote log-in technical support. AAOMS SPECIAL

Subtotal:	$180,200.00
Freight Charges:	$650.00
Estimated Sales Tax(8.0000%):	$14,468.00
Total Investment:	$195,318.00
Less Downpayment:	$0.00
Net Investment:	$195,318.00

EQUIPMENT Financing

Patterson Account: 777777777
Payment Option: Patterson Regular Financing
SSN: --

*By signing this order you hereby authorize your bank or banks and other creditors to release credit information concerning your checking and borrowing accounts to Patterson Dental Supply, Inc. and/or its subsidiaries or assignee.

Filing Fee:	$35.00
Sundries Financed:	$0.00
Down Payment:	$0.00
Amount Financed:	$195,353.00
Term (months):	36
Finance Rate:	6.90%
Monthly Payment:	$6,023.01

Sales tax is an estimate. Actual sales tax charged on invoice will depend upon state and local laws. The prices in this proposal will remain in effect until the earlier of the expiration date set forth above or a manufacturer price increase. Customer's order will not be binding on Patterson Dental Supply, Inc. ("Patterson") unless and until Patterson accepts the order by signing below.

By signing below, Customer contracts for, and Patterson agrees to furnish, the products and services specified in this Order on the terms contained in the schedules identified below (the "Schedules"). CUSTOMER ACKNOWLEDGES RECEIPT OF A COPY OF THIS ORDER AND THE SCHEDULES (TOGETHER, "THIS AGREEMENT"). Customer agrees to be bound by the terms of this Agreement, including the WARRANTY LIMITATIONS.

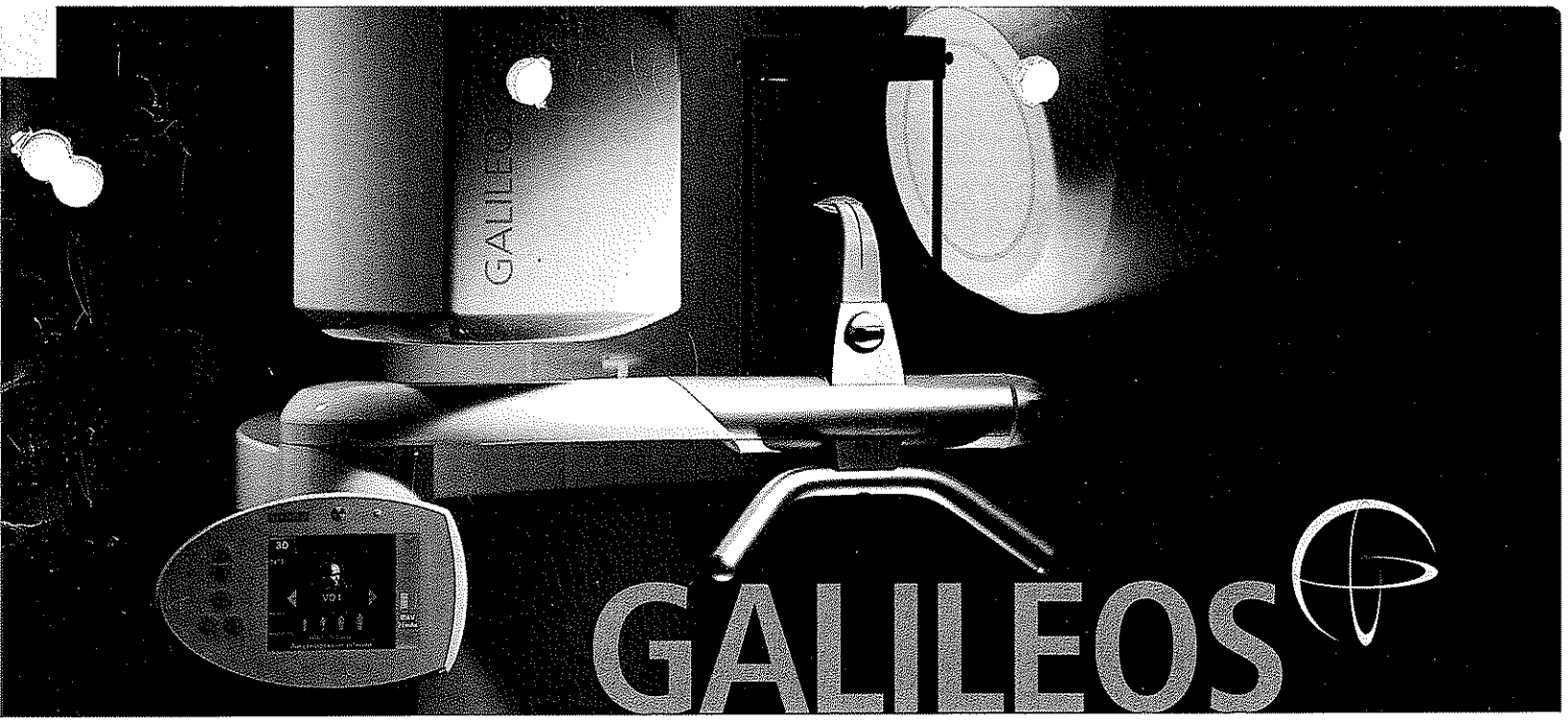
Schedules

✔ General Terms and Conditions

✔ Equipment

Patterson Representative

Customer Signature Date



CAD/CAM SYSTEMS I INSTRUMENTS I HYGIENE SYSTEMS I TREATMENT CENTERS I IMAGING SYSTEMS

"Imagine the possibilities" with Sirona 3D

Proposed
Replacement
System

LEE W. McNEISH, D.M.D.
650 CHASE PARKWAY
WATERBURY, CT 06708

The Dental Company

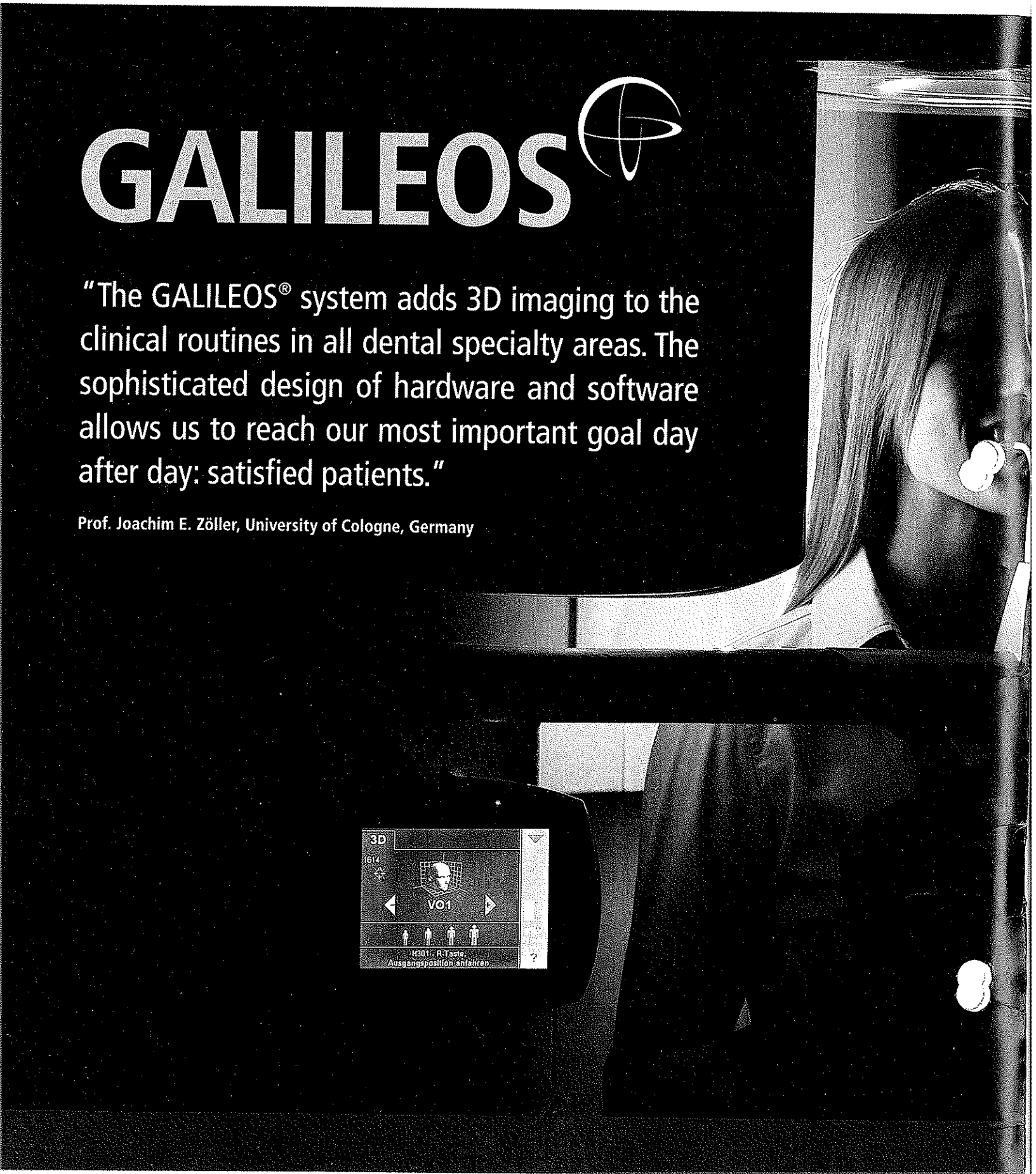
sirona.

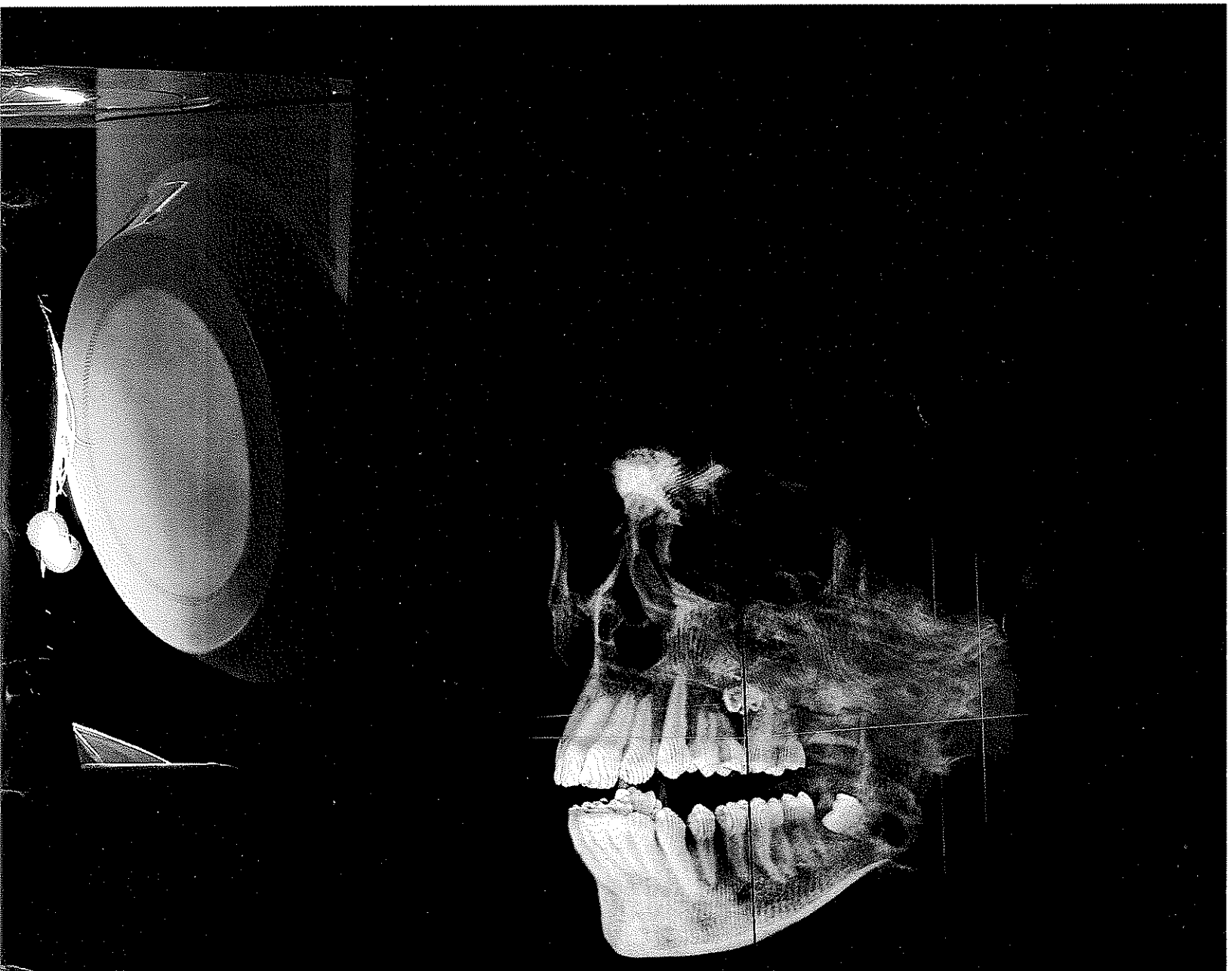
A big step into diagnostics in the 3rd dimension – with superior X-ray technology from Sirona

GALILEOS

"The GALILEOS® system adds 3D imaging to the clinical routines in all dental specialty areas. The sophisticated design of hardware and software allows us to reach our most important goal day after day: satisfied patients."

Prof. Joachim E. Zöller, University of Cologne, Germany

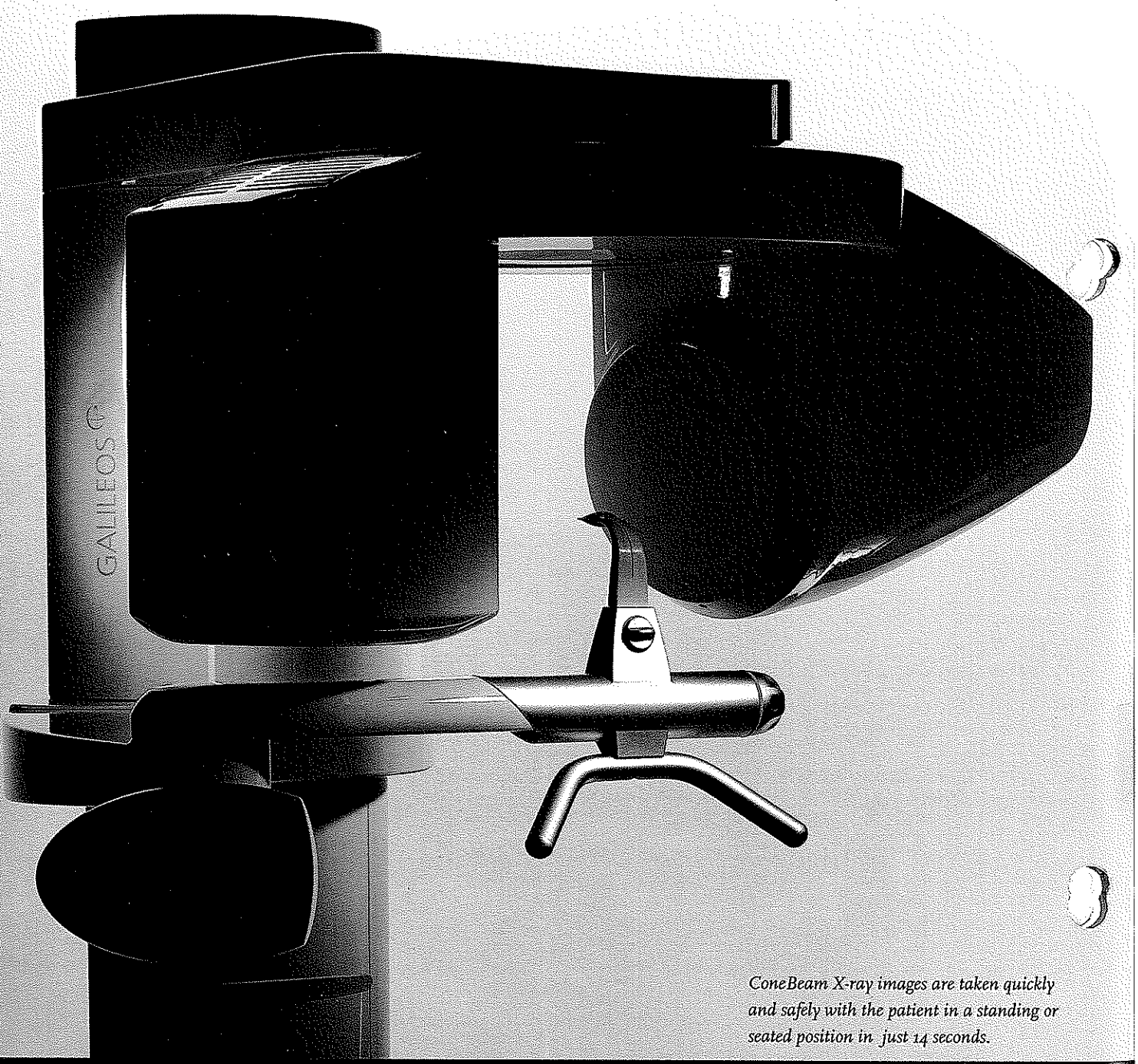




Dental X-ray diagnostics are moving into the 3rd dimension at a high rate of speed. The enhanced demand for digital diagnostics primarily comes from implantology, oral and maxillofacial surgery as well as orthodontics. GALILEOS® from Sirona, adds new diagnostic possibilities creating greater potential for your practice.

GALILEOS® expands the world of dentistry in the 3rd dimension

The introduction of a new dimension requires convincing perspectives in diagnostics, patient information, therapy, and prevention. What can dentists expect from three-dimensional imaging? The GALILEOS® solution from Sirona offers far more than just another diagnostic tool …



ConeBeam X-ray images are taken quickly and safely with the patient in a standing or seated position in just 14 seconds.

An X-ray device that allows for imaging and display of the entire oral-maxillofacial region in one 3D volume. Consequently, the treatment can be assessed and planned in one step.

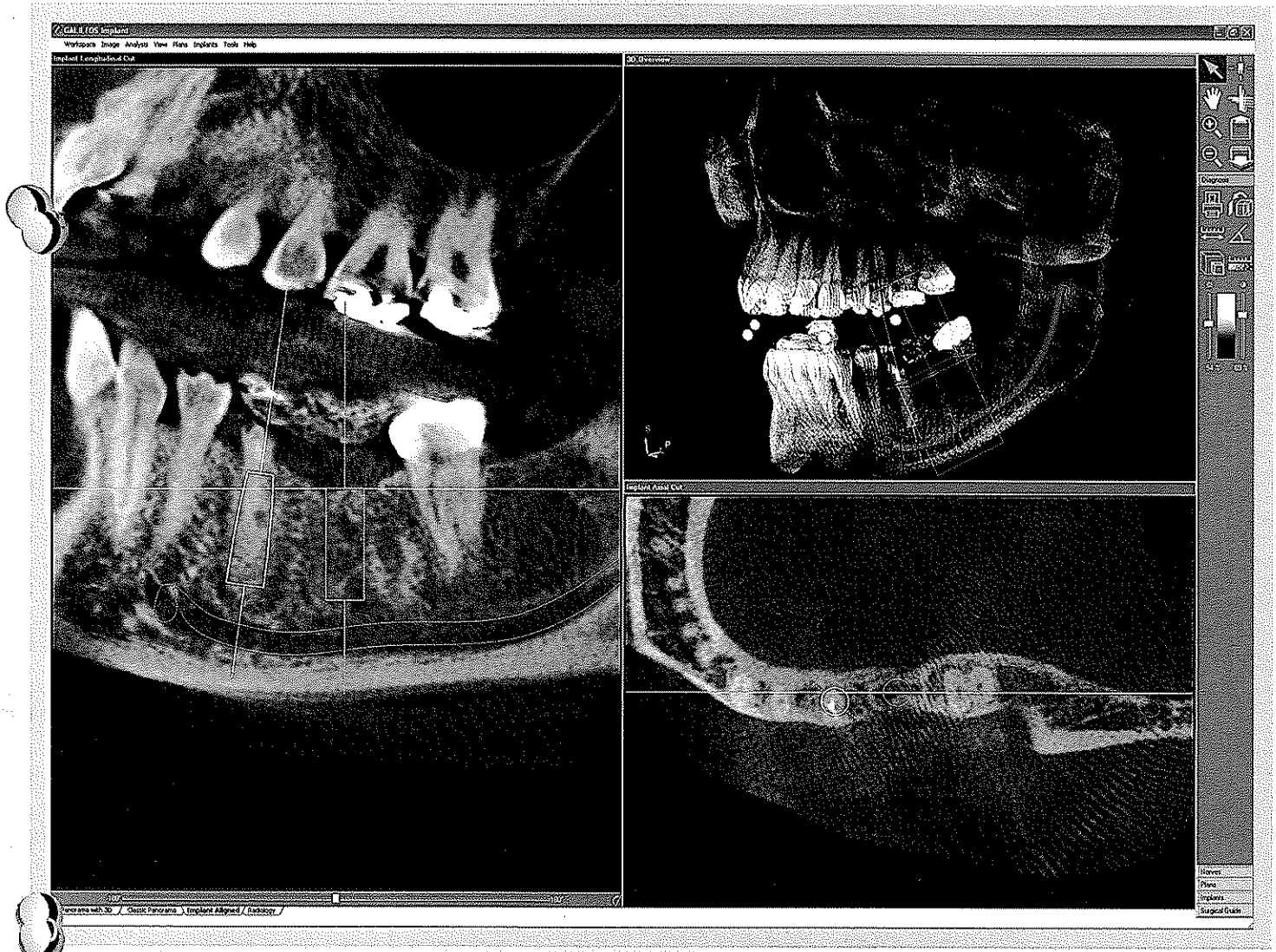
A diagnostic 3D volume that goes far beyond any two-dimensional images and allows for precise assessment of the teeth, bone structure and anatomical features in their exact spatial dimensions[1].

Software that presents images in a panoramic format which is familiar to dentists and uses it as the basis for exploring the three-dimensional volume with completely new diagnostic flexibility.

A consistent concept that expands the benefits of 3D images far beyond diagnostics to therapeutic planning and the associated benefits.

A perfected technological solution that integrates quickly and easily into any dental practice thanks to its compact and efficient design.

A superior imaging technology that is clinically proven.



The GALILEOS® 3D volume is used to display the mandibular canal in the GALAXIS diagnostic software, implant planning occurs in GALILEOS® Implant.

1. Neugebauer J., Shirani R., Mischkowski R., Ritter L., Keeve E., Zoeller J., "Comparison of 2 and 3-Dimensional Imaging for the Diagnosis of the Alveolar Nerve Position for the Osteotomy of Third Molar" Proceedings of Computer Assisted Radiology and Surgery CARS'06, Osaka, June 28 – July 1, 2006 Int J CARS 2006;1 Suppl. 1: 535.

One low-dose scan for everything

A single low-dose 3D scan provides the practitioner with the ability to do a comprehensive diagnosis of the entire oral-maxillofacial region: GALILEOS® combines the data of 200 individual exposures taken in 14 seconds to create a 3D volume with the dimensions (15x15x15) cm^3 at a high level of detail. The technology also allows for small region, close up views at double the detail without an additional scan.

3D X-ray images
Patient positioning using a bite block, forehead support and laser light localizer guided by the center sagittal line, is sufficient to generate a reliable image that is easy to explore and comprehend[2].

3D ConeBeam technology
The GALILEOS® detector receives cone-shaped X-ray pulses, which result in 200 individual exposures from a 14-second cycle. The multi-pulse, cone-shaped beam reduces the patient exposure time to 2 to 6 seconds.

GALILEOS® 3D volume
The large dental volume ranges from the bridge of the nose to the tip of the chin and the mandibular joints, in most patients. It projects the bone structures and the dentition.

GALILEOS® ConeBeam technology – from initial image acquisition to 3D volume display

2. Mischkowski R., Ritter L., Neugebauer J., Dreiseidler T., Zuendorf G., Keeve E., Zoeller J., "Experimental and Clinical Evaluation of a Newly Developed Cone Beam Device for Maxillofacial Imaging" Proceedings of Computer Assisted Radiology and Surgery CARS'06, Osaka, June 28 – July 1, 2006 Int J CARS 2006 1 Suppl 1 523


sirona
GALILEOS
GALILEOS
3D
VO1

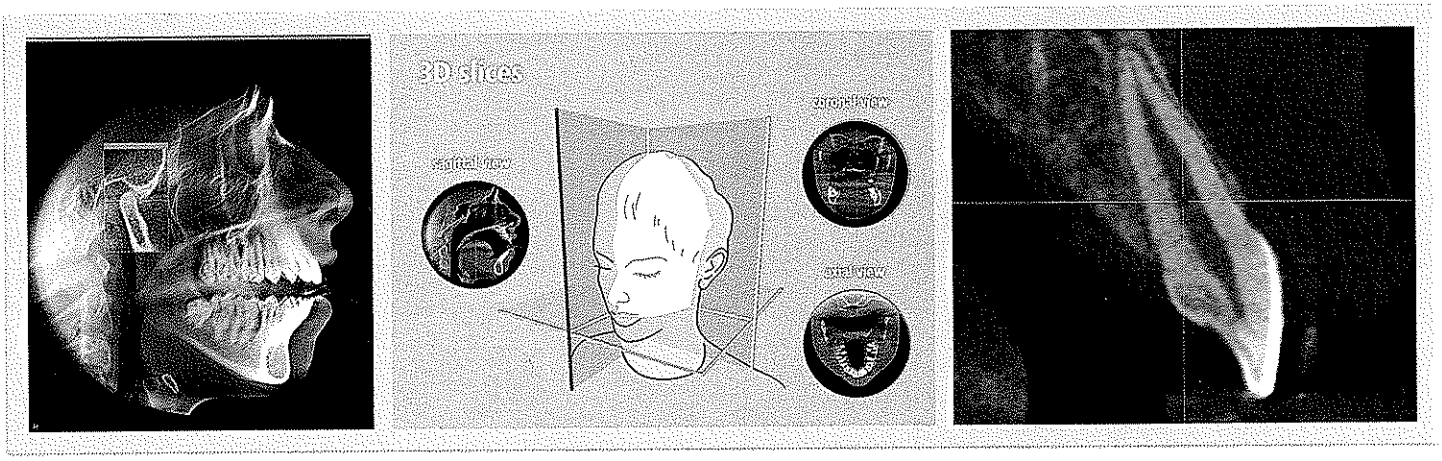
Easy and superior diagnostics

After a short reconstruction time, GALILEOS® displays far more than just 3D views in high quality images. The system offers a large volume for every display type – 3D, panorama, CEPH, cross sectional (TSA) slices, high-resolution details, presented with intuitive diagnostic navigation in real time.

Visualization with GALAXIS
The GALILEOS® software, a new development integrated in SIDEXIS XG, opens new technologically advanced options to the diagnosing dentist with GALAXIS 3D visualization.

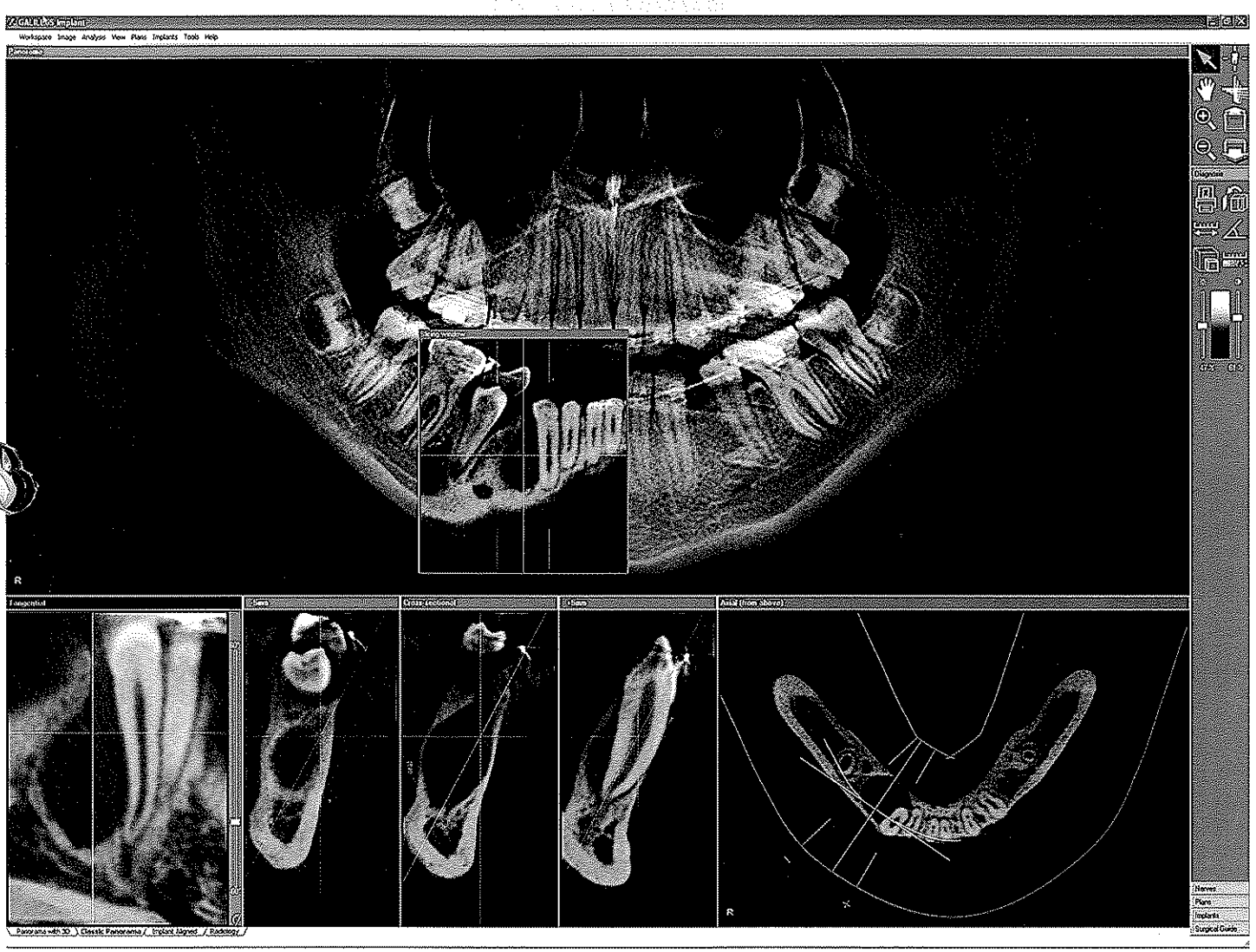
Diagnostic reliability in 3D
The GALILEOS® 3D volume can be easily navigated and diagnosed in the familiar PAN and CEPH display with the help of an intuitive examination window.

Diagnostic dimension
The simultaneous display of PAN, CEPH and TSA slices as well as radiological slices opens up completely new options for dental diagnostics and treatment[3].



Any slice of the entire 3D volume can be reconstructed with 0.3 mm³ voxels, the 3D variant of pixels and can be viewed from any angle. If necessary, selected partial volumes can also be subsequently reconstructed in a higher-detail close-up image with a voxel size of 0.15 mm³.

3. Haak R., Wicht M.J., Ritter L., Kusakis P., Noack M.J., "Cone beam tomography for the detection of approximal carious cavitations" Proceedings of the the 53st ORCA Congress, Glasgow, UK, July 5 to 8, 2006.

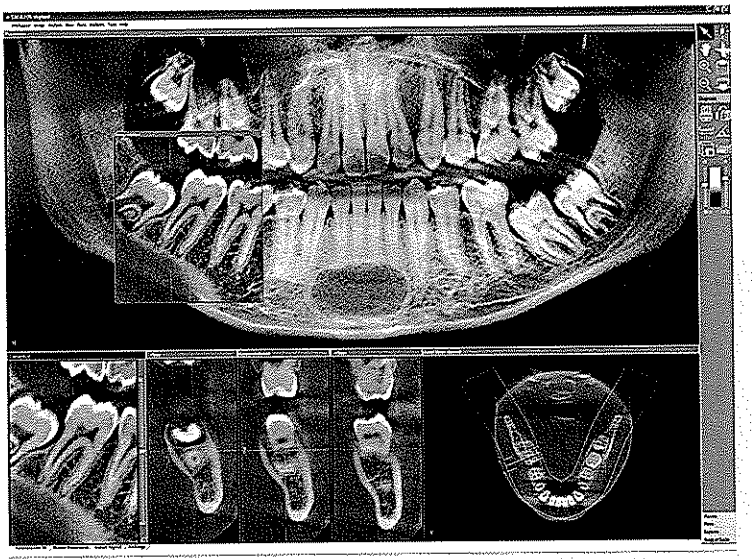


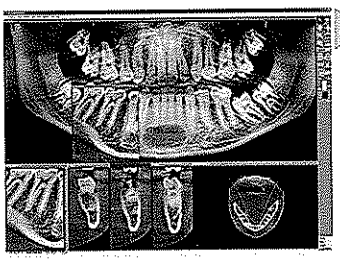
Follicular cyst in tooth 28 caused by delayed exfoliation[4]

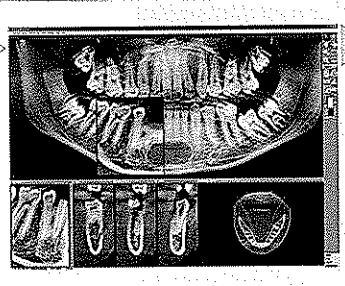
4. Scheer M., Neugebauer J., Mischkowski RA., Heuser N., Ritter L., Keeve E., Zöller JE., "Evaluation of cystic jaw lesions with 3D Panoramic radiography" Dental Radiology, submitted

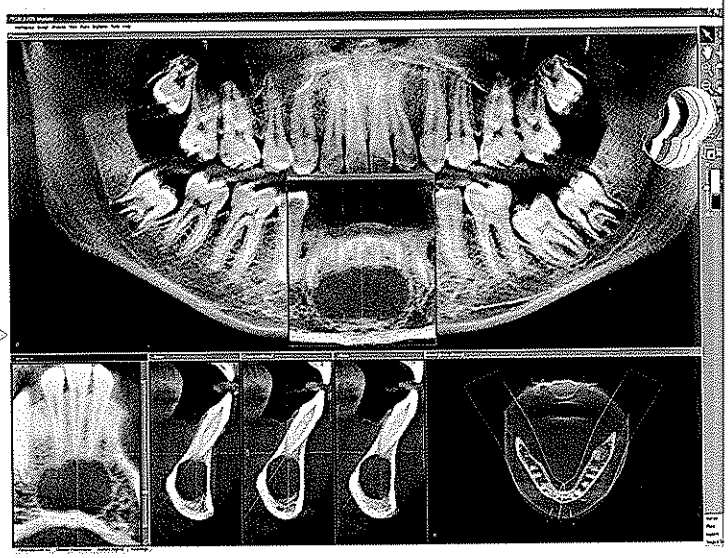
Intuitive navigation in GALAXIS with the "examination window" in the PAN view

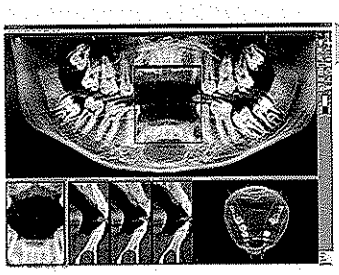
Based on the familiar panoramic image format, the program starts a real-time, three-dimensional journey through any area using the patented examination window.

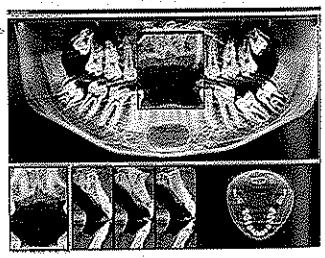










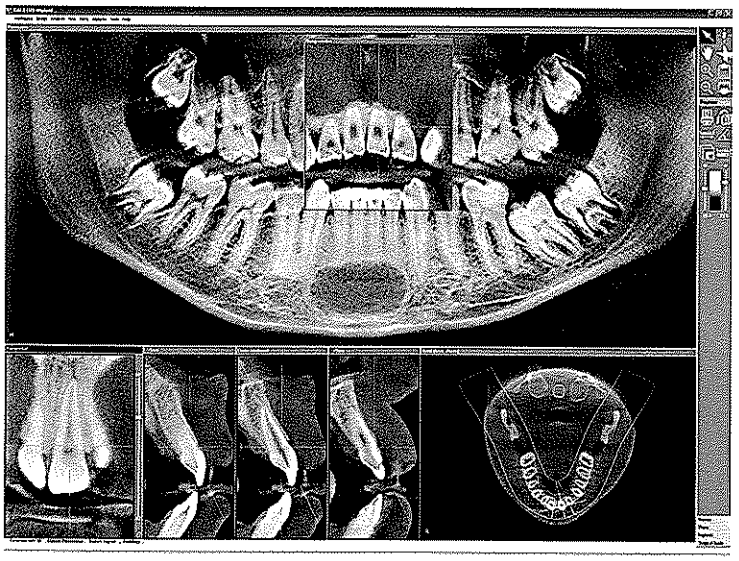


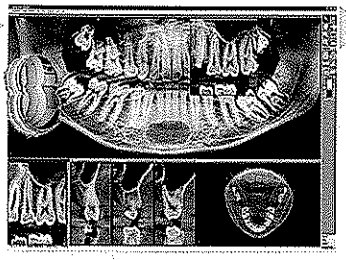
Traumatic bone cyst at the front of the lower jaw

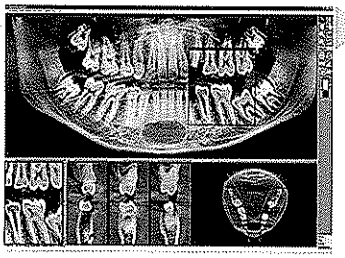
Dentists can intuitively diagnose the individual 0.3 mm slices of the volumetric image with the assistance of the examination window. The corresponding orthogonal sections are shown in a display that resembles TSA views.

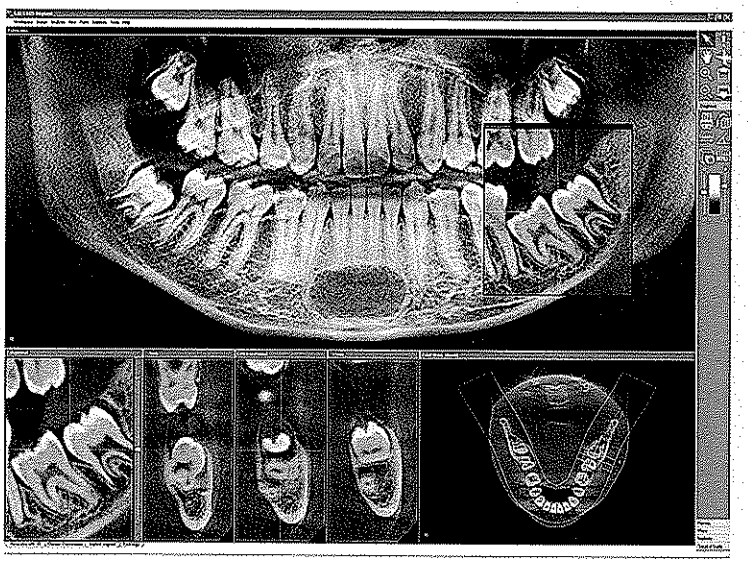
The overview of the detailed slices starts in the right mandible in the molar area. Every area can be clearly displayed by moving the examination window (click and drag the top blue bar) or navigating through the slices (hold the left button down and move the mouse forward or back). The bone cyst is clearly evident as the main area for concern. The goal is to determine its precise location and to identify or rule out any additional findings. The navigation through the entire range of the front teeth provides many conclusive details. For this purpose, the tiltable slice, which corresponds to the examination window in straight (tangential) position, can be tilted to correspond with the plane of the dental axes[5].

5. Mischkowski R., Ritter L., Cosgun M., Neugebauer J., Keeve E., Zoeller J., "Der Einsatz eines neu entwickelten Cone-Beam-Röntgengerätes in der traumatologischen Diagnostik des Gesichtsschädel" Proceeding 56th Annual Conference of the German Society for Cranio- and Maxillofacial Surgery, Dresden, June 7-10, 2006.

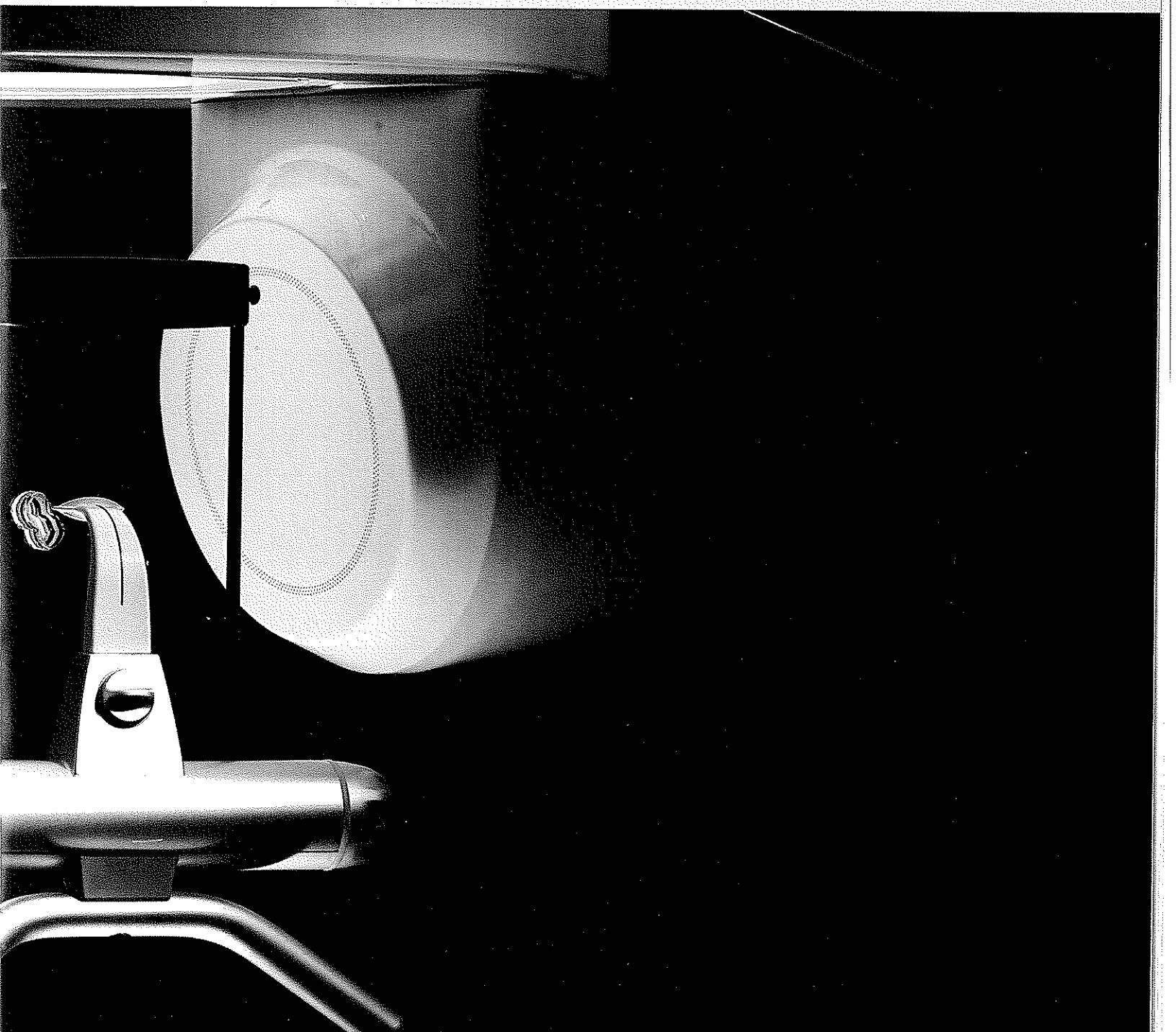








Integrated GALILEOS® workflow, ranging from image acquisition and diagnostics to planning and implementation

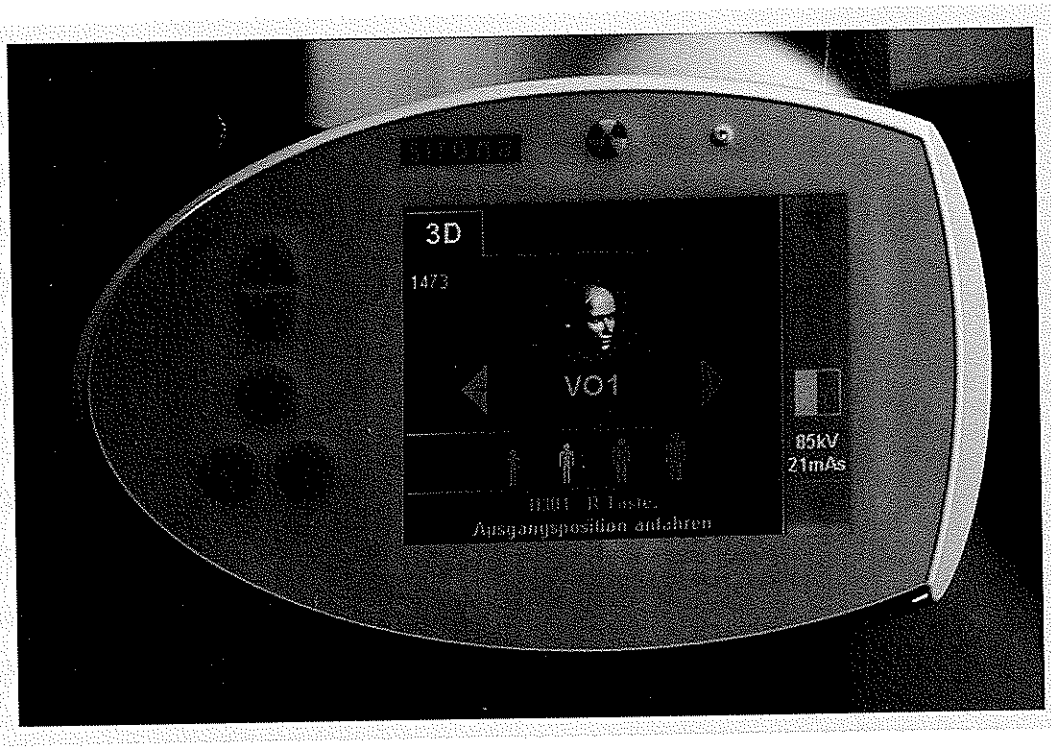


GALILEOS® is the only "all-in-one" system that offers everything from intuitive operation of the 3D X-ray equipment to diagnostics and therapy planning of implants, even including the preparation of implant surgical guides[6].

6. Ritter L., Dreiseidler T., Mischkowski R., Neugebauer J., Zöller J.E., Keeve E., "A Novel System for Computer-Aided Dental Implant Planning" Proceedings of the 15th EAO Congress Zurich, 5 to 7 October, 2006.

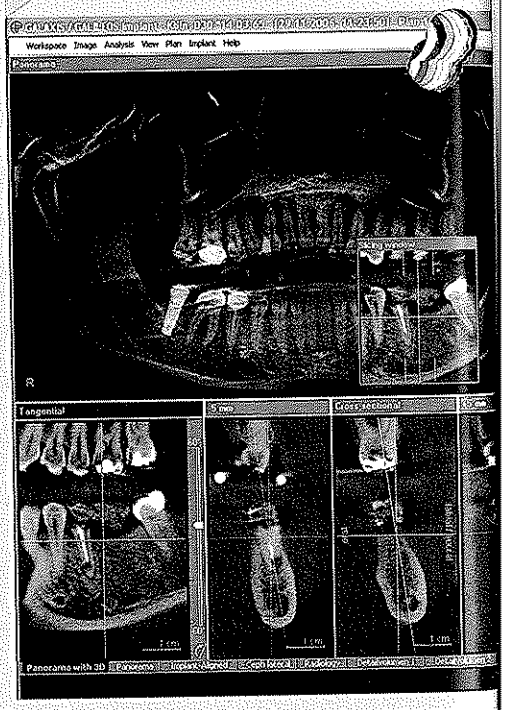
Clear 3D operational concept for efficient procedures with high diagnostic reliability

As the first comprehensive 3D solution, GALILEOS® combines X-ray imaging, visualization, diagnosis, planning and treatment into a single integrated and time-saving process.



Ease of operation is improved with the GALILEOS® Easypad touchscreen 3D: Intuitive control and operator assistance is driven by icons and interactive messages.

GALAXIS



Improved diagnostic certainty using the 3D visualization software GALAXIS: the program is integrated into the intuitive structure of SIDEXIS XG as a plug-in and starts with a simple mouse click.

3D imaging right in the dental practice

GALILEOS® creates a tighter patient relationship with the dental practice. It is no longer necessary to refer implant patients elsewhere for 3D imaging. Additionally, the image volume is much more closely aligned with the special requirements of dentistry and oral maxillofacial treatment.

Intuitive analysis

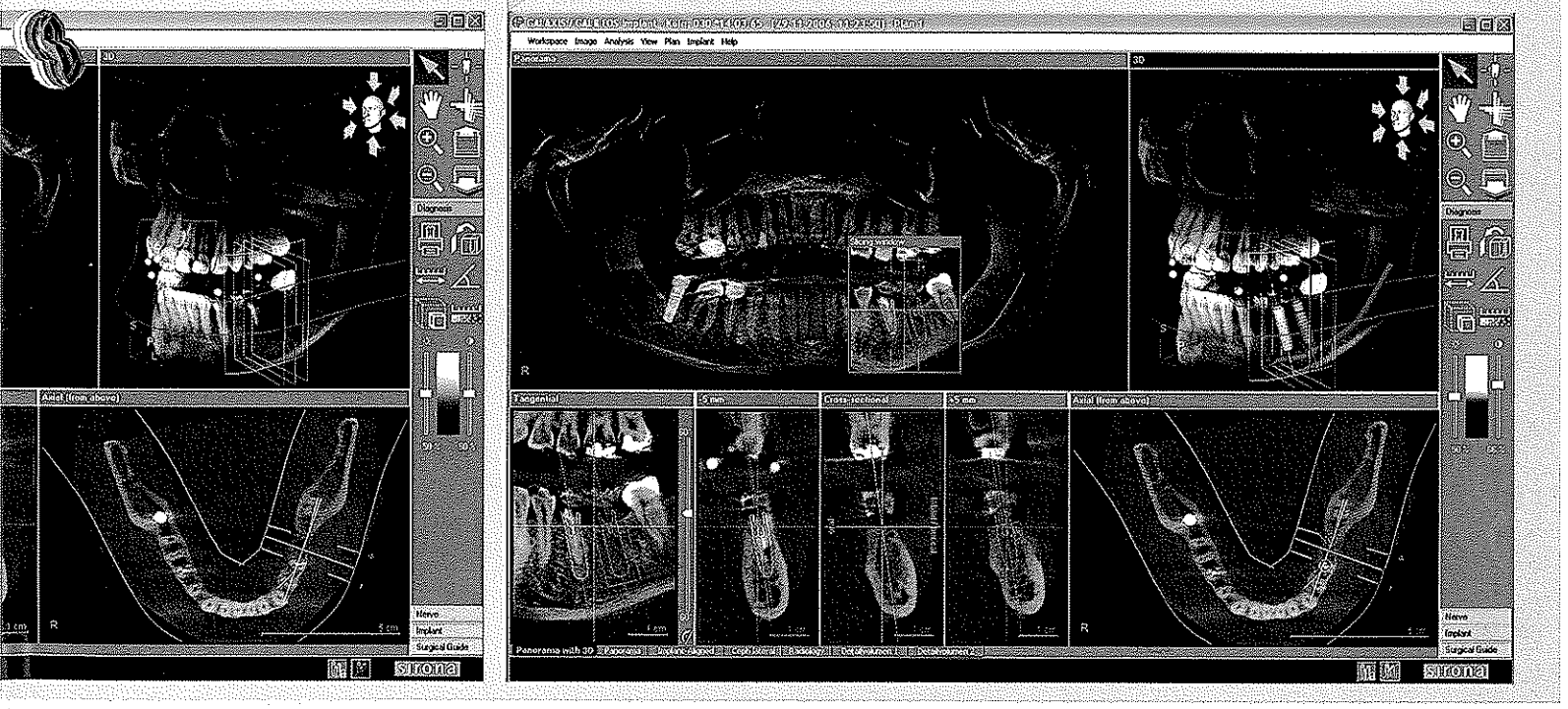
The GALAXIS 3D visualization in GALILEOS® offers reliable dental analysis and assessment. Based on a panoramic view, the diagnosis uses detailed selections of radiological and transversal slices with the aid of diagnostic tools and measuring functions.

Software-aided planning

The integration of implant planning in GALILEOS® Implant replaces conventional procedures, both tracing on film and planning in external systems, which require time-consuming data exports and conversions. Instead, GALILEOS® Implant offers a direct approach and a more streamlined solution[7].

7. Neugebauer J., Ritter L., Mischkowski R., Keeve E., Zoellner J., "Dreidimensionale Diagnostik und Umsetzung in der Implantatprothetik" Proceedings 3rd Annual Conference of the German Society for Oral Implantology, Baden Baden, Oct. 5-7th, 2006.

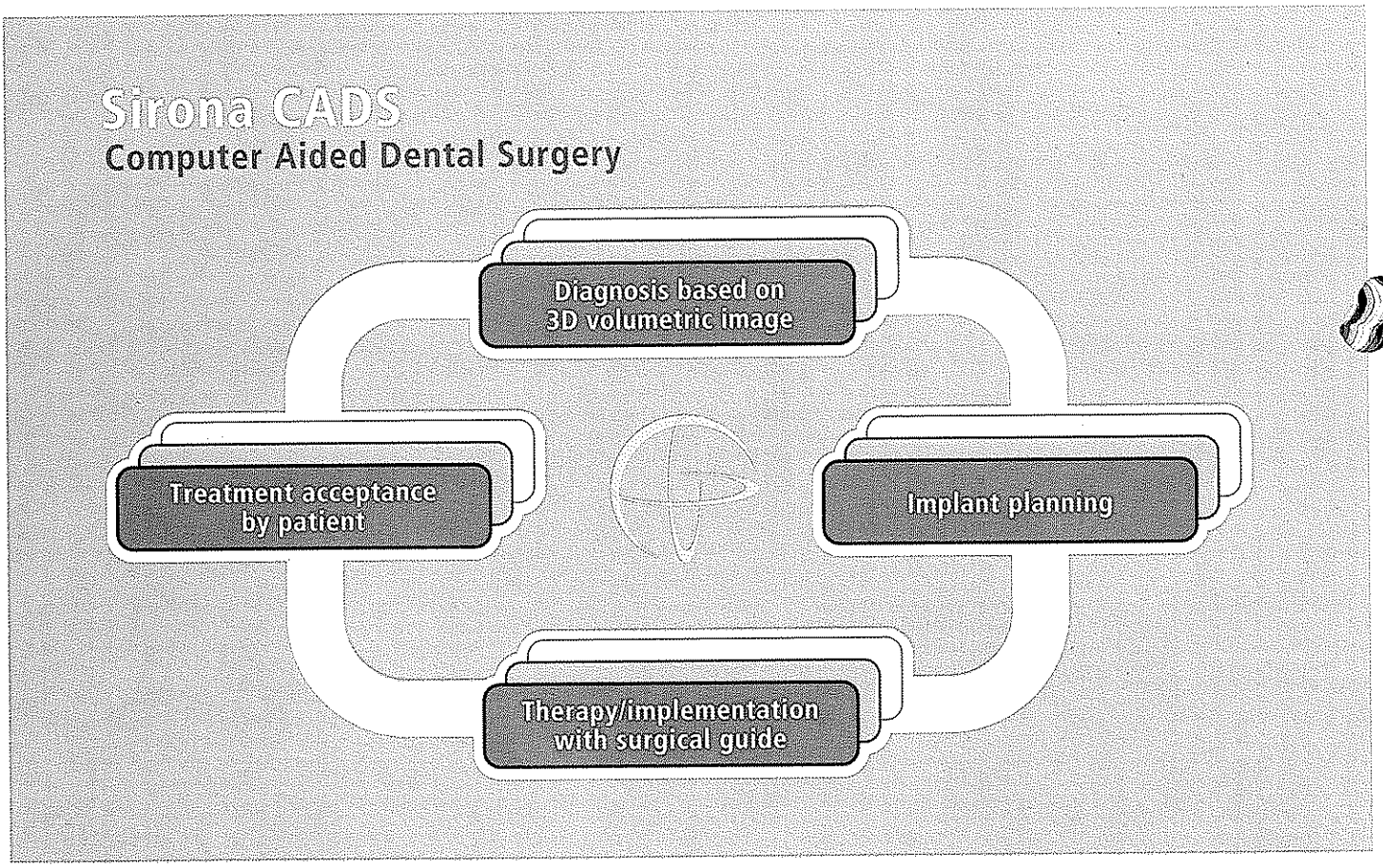
GALILEOS®Implant



Reliable planning with integrated GALILEOS® Implant software: Switch from diagnostics to planning with a single mouse click. The system offers exact measurements based on geometrically accurate displays, marking of anatomically critical structures such as the mandibular canal, retrieval of suitable implants from the database, and virtual positioning in the image of the alveolus.

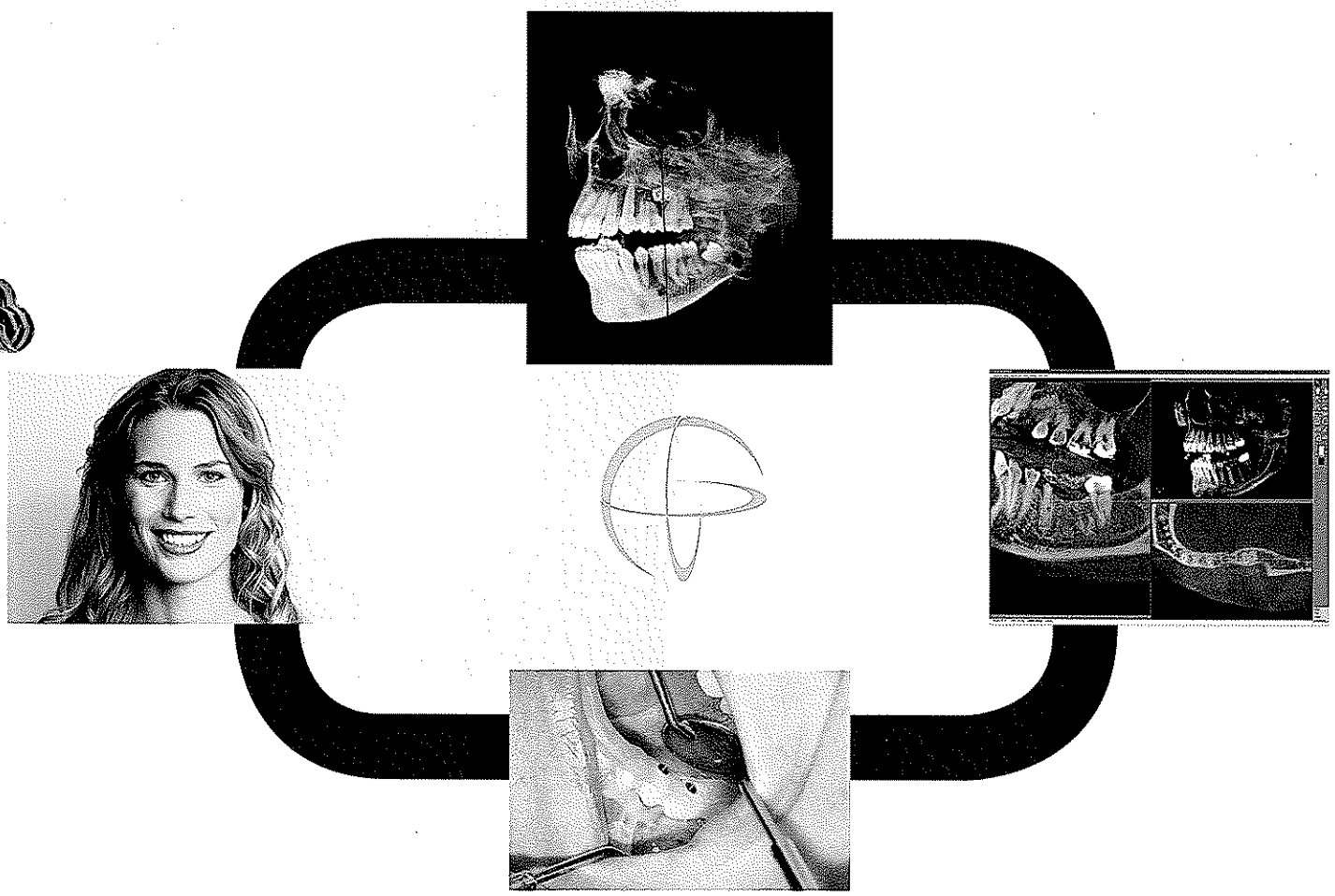
For Sirona, 3D is more than just diagnostics – it is a development in the improving relationship between dentists and patients

The added diagnostic value of GALILEOS® 3D images is essential. As an innovator in trend-setting technologies of the future, Sirona accompanies dentistry with computer-aided dental surgery (CADS).



Holistic patient view
3D imaging with GALILEOS® is not just beneficial for computer diagnostics, but makes an essential contribution to a new world of therapeutic planning, resulting in more complete patient involvement from the initial planning to implementing the appropriate dental solution.

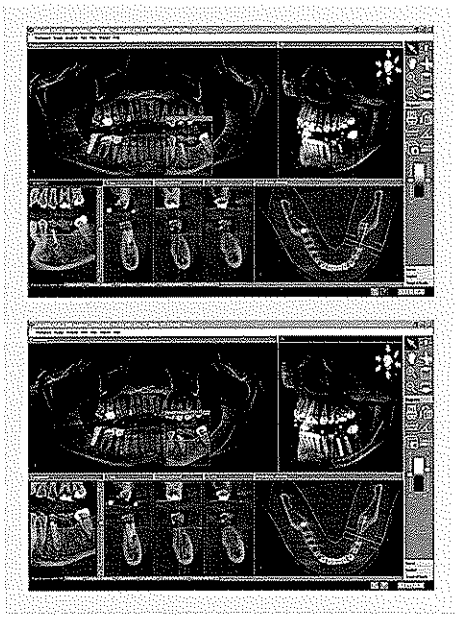
Confidence and efficiency
Practitioners can plan efficiently and document surgical procedures with reduced uncertainty, providing understandable patient information, and clearly communicating the situation to their colleagues. This creates a stronger foundation of trust between patient and the dental treatment team.



The traditional process of diagnostics and implant planning consists of many steps often outside of the treating doctor's control. Now, with Sirona 3D it is integrated and streamlined, to the advantage of both patient and dentist.

Implantology procedures with GALILEOS® drilling templates

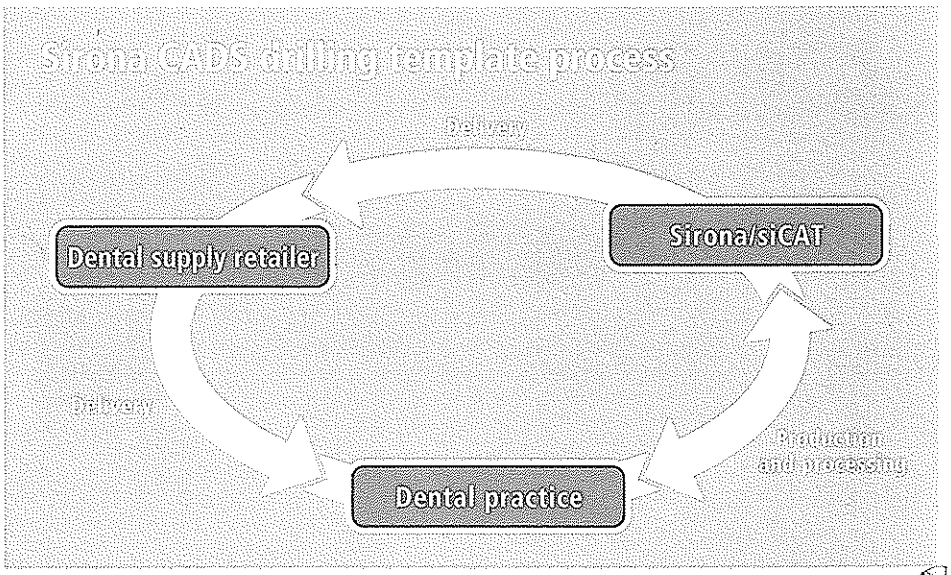
GALILEOS® is much more than a 3D imaging device or system. Rather, it offers dentists the option of a comprehensive implantology solution using integrated planning and tooth mounted surgical guides.



The dentist assesses the situation on the basis of the 3D GALILEOS® X-ray image, advises the patient with the aid of the images and the virtual planning visualization and then implements the treatment with a high level of certainty in their plan.

Perfect diagnosis
The findings are displayed in optimal 3D image quality and reduce diagnostic uncertainty[8]. The first step toward successful treatment is based, as before, on the superior GALILEOS® image acquisition, processing and display capabilities.

Perfect planning
Based on the display of the bone structures and the prosthetic requirements in three dimensions, the GALILEOS® implant system allows the practitioner to select realistic virtual implants from any of the major implant companies and place them in their exact location. This makes it easy to generate a treatment plan that provides confidence to meet with the patient and gain their acceptance within a very short time. Additionally, the GALILEOS® Implant planning software is so intuitive that it takes very little time to master.

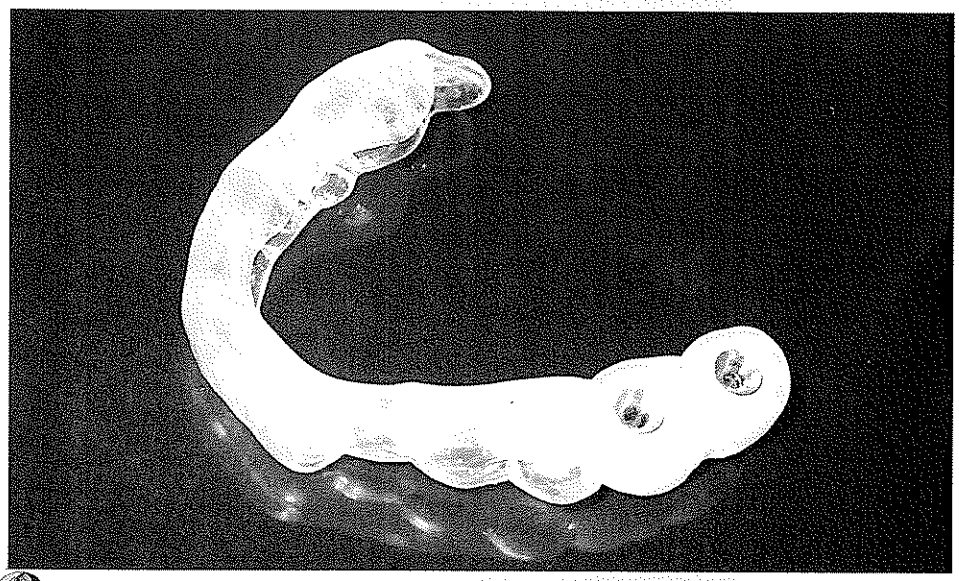


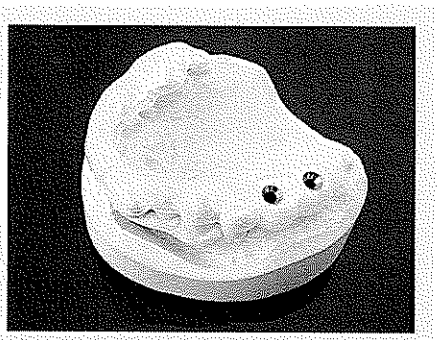
8. Dreiseidler T., Mischkowski R., Neugebauer J., Ritter L., Zöller J.E., Keeve E., "Pre-Surgical Cone Beam Assessment in Dental Implantology" Proceedings of the 8th Congress of the European Association for Cranio-Maxillofacial Surgery, Barcelona, September 2006.

Thanks to the unique GALILEOS® surgical guide technology, all virtual computer-based implant plans are a perfect match for the patient: transgingival, quick, and without trauma.

Perfect processing
The planning data, the occlusal images and the dental cast of the jaw are sent to siCAT, a Sirona company. The dental office typically receives an individually manufactured surgical guide within 2 weeks. Assuming that the patient has sufficient bone structure, utilizing immediate load implants and CEREC in the dental practice, the entire treatment can be completed in a very short timeframe.

Perfect implementation
Completely customized results. Planning and implementation are coordinated from start to finish. With the GALILEOS® surgical guide technology, all virtual plans match exactly to the patient's anatomical structures, using the GALILEOS® system from Sirona.

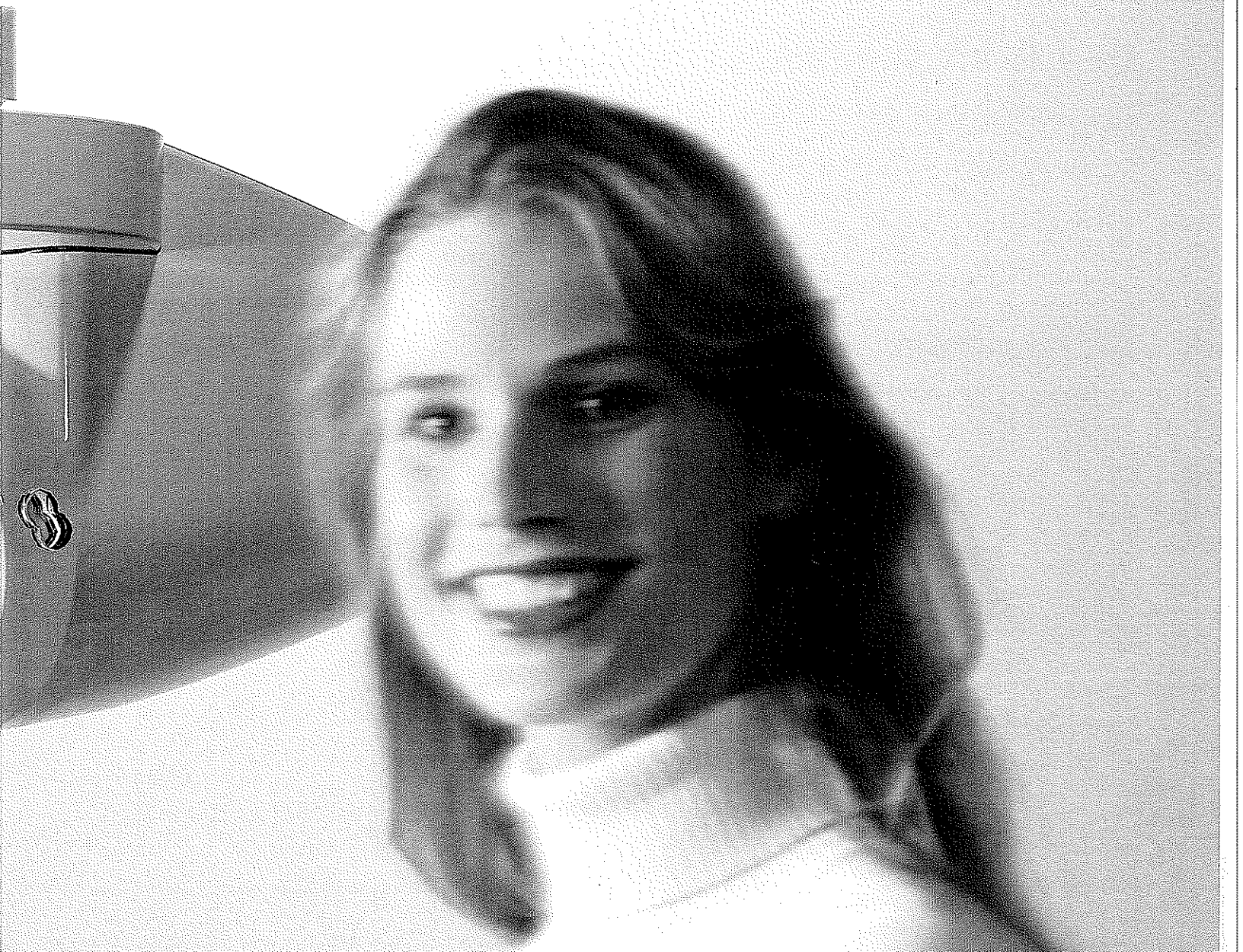




The surgical guide allows for transgingival insertion of the implants, which saves time, reduces uncertainty and assists with less invasive surgery. This creates more confidence for the operating team, which results in less patient discomfort, better recovery and improved osseointegration.

GALILEOS® raises diagnostic assessment and documentation to a new level with 3D displays, planning and surgical guides

GALILEOS

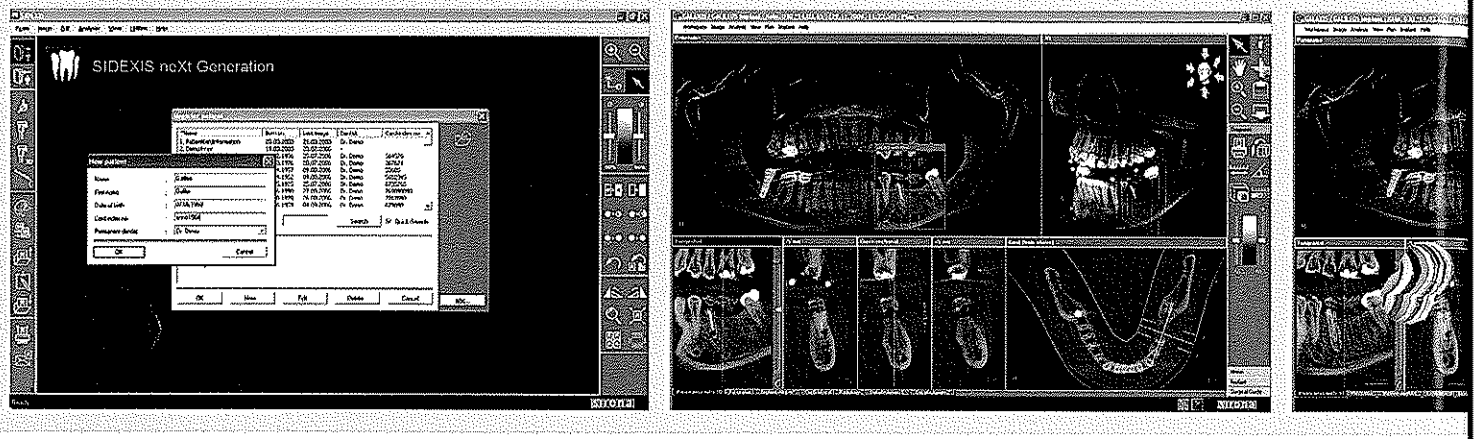


GALILEOS® adds a dimension of safety: The surgical guide is the key to every implantology treatment. The entire implant planning process is fully documented from start to finish without any additional effort[9].

9. Ritter L., Dreiseidler T., Mischkowski R., Neugebauer J., Zöller J.E., Keeve E., "An integrated System for 3D Imaging, Implant Planning and Guided Implant Surgery" 2nd Annual Meeting of the American Academy of Periodontology, San Diego, 16.-19 September, 2006.

Perfect integration of all systems in a new dimension

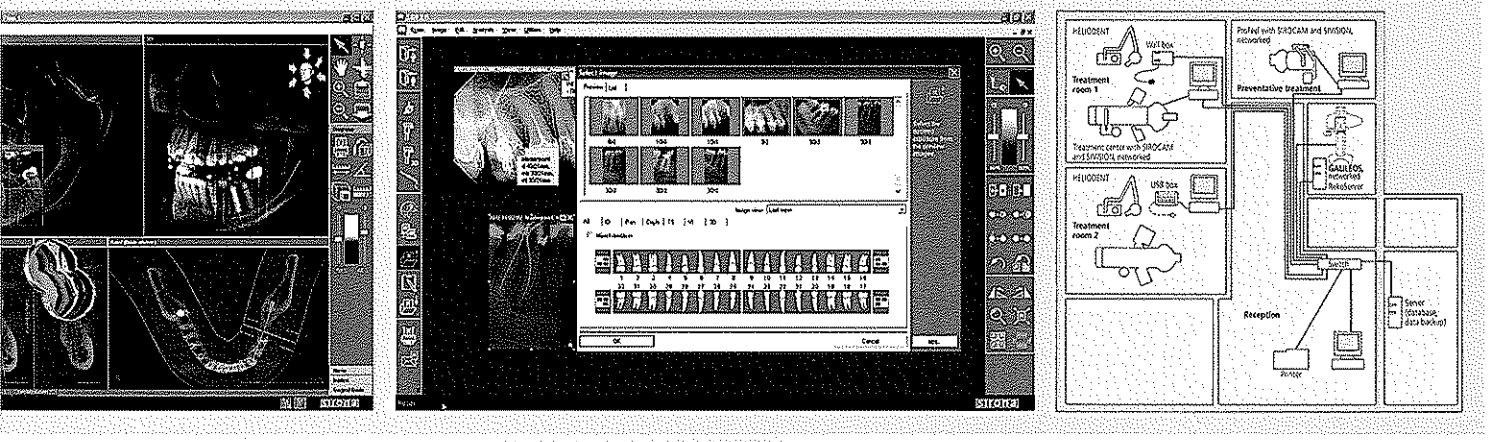
The fully integrated solution from Sirona reaches far beyond diagnostics and treatment. Especially in implantology, oral and maxillofacial surgery, absolutely reliable documentation and forensics are essential for every practice.



A new dimension for the dental practice
With GALILEOS®, "one scan for everything" not only refers to medical needs, but also to all questions of data processing and administration. All essential and pertinent analyses and plans based on the 3D volume are saved as screenshots. From there, they can be used as the direct basis for financial planning with the patient and case acceptance. The GALILEOS® software is integrated into SIDEXIS XG, which means it is fully compatible with office management and other special programs. The system also supports DICOM environments.

Practice integration
GALILEOS® offers a comprehensive entry into the 3rd dimension with a complete system consisting of 3D X-ray equipment, IT package with reconstruction and control unit (RCU), GALAXIS 3D diagnostic software, and optional GALILEOS® Implant software for implant planning. The customized system equipment comes with all required software licenses. It's a simple matter to integrate GALILEOS® into the practice network.

The integrated workflow of GALILEOS® and SIDEXIS XG provides additional value by assisting with the efficient processing of documentation and billing data.



Patient selection, visualization and image integration, planning and documentation all are part of an integrated workflow that is accessible to all office staff.

Maximize the benefits in your practice with GALILEOS®

One scan for everything
- Diagnostically significant findings for all dental indications
- Fast diagnosis provides certainty in treatment of asymptomatic conditions
- Reduction of follow-up examinations

Superior diagnostics
- Higher diagnostic significance for wisdom tooth assessment and removal
- Improvement of diagnosable X-ray acquisitions compared to 2D technology

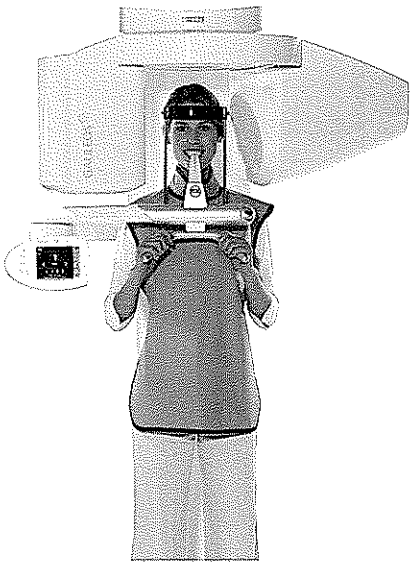
Integrated Workflow
- Clarification of interfaces with between radiology, prosthodontics and the dentist
- Reduction of data transfer with DICOM-associated problems
- Quick implant planning with software optimized for the workflow

GALILEOS® brings 3D imaging into every practice

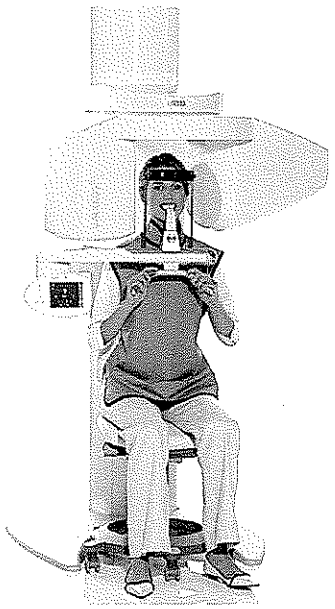
With the GALILEOS® 3D X-ray solution, virtually every dental practice can get started with 3D imaging without major reconstruction since the entire system was developed with practical application and reliable operation in mind.

Patient position
With the patient in standing position, GALILEOS® provides safe exposures with fascinating efficiency and speed. The system also allows for exposures taken while the patient is seated. The scan only takes 14 seconds, with the patient stabilized by a bite block and a forehead support. The handles provide an additional sense of stability[10].

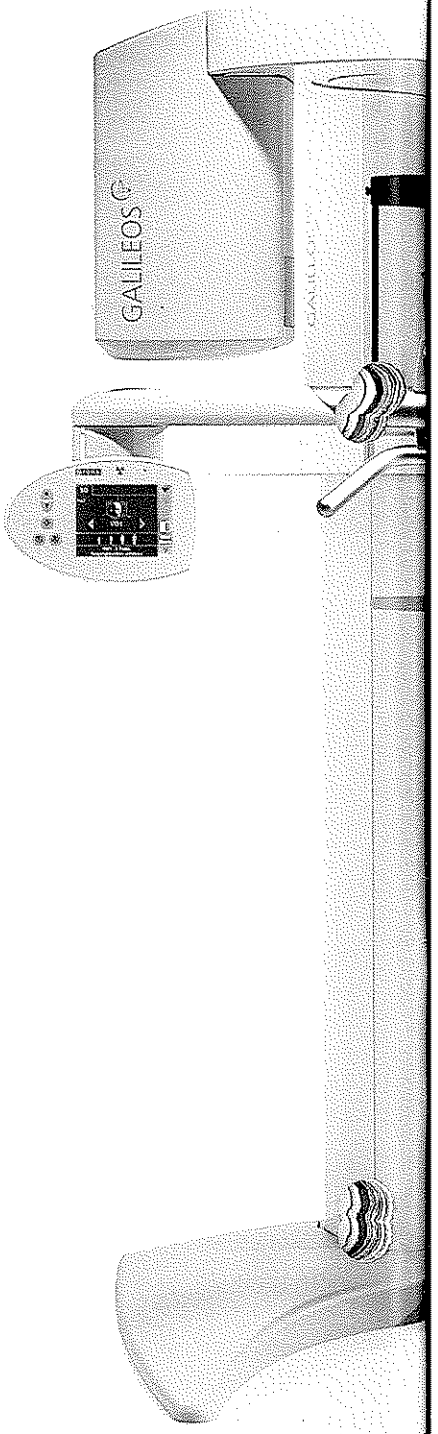
10. Ritter L., Dreiseidler T., Neugebauer J., Mischkowski R., Keeve E., Zoeller J., "Influence of the Diagnostic Value of 3D Cone Beam Tomograms" 5th European Congress on Periodontics and Implant Dentistry, Madrid, June 29-30, 2006.

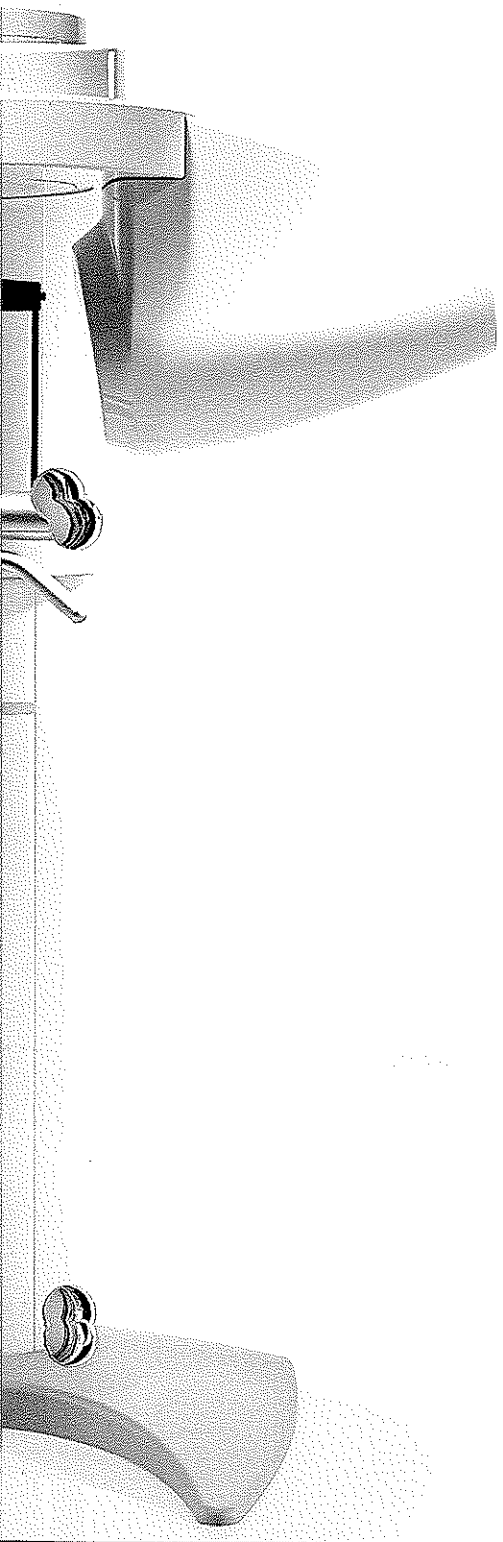


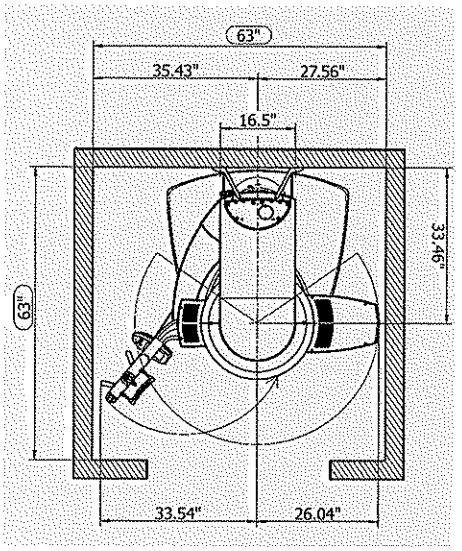
GALILEOS® exposure with patient in standing position.



Patients also have the option of sitting for the exposure if that is their preference.







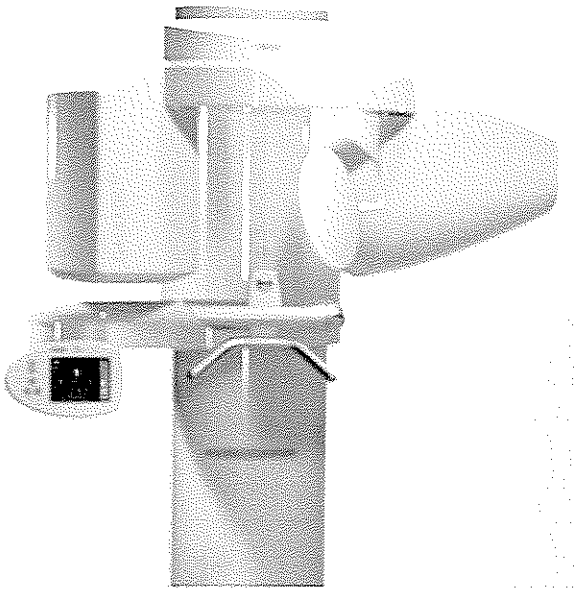
The space requirement for GALILEOS® is 6' x 6' x 8.25'.

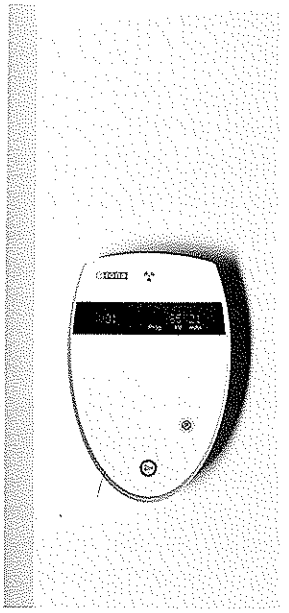
Practice integration

The GALILEOS® X-ray system requires about the same physical space as most conventional film or digital 2D X-ray devices. Therefore, GALILEOS® can be installed in virtually any office with tight space constraints.

Flexible installation

The GALILEOS® X-ray system is usually wall-mounted in the X-ray room. If no solid wall is available, GALILEOS® can also be bolted to the floor using a highly stable base.

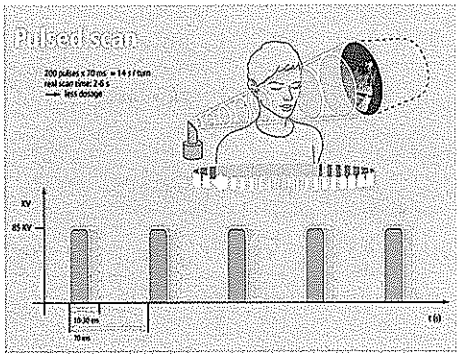




Remote exposure control is available to mount outside the X-ray room with display of the exposure parameters.

Superior Sirona 3D X-ray technology for specialized practices

With GALILEOS®, Sirona is consistently building on its tradition as a technology leader in imaging systems. The GALILEOS® 3D solution includes the X-ray equipment, the IT package with the reconstruction and control unit (RCU), 3D visualization and analysis software, optional 3D implant planning software and, subsequently, optional pre-packaged surgical guide kits.

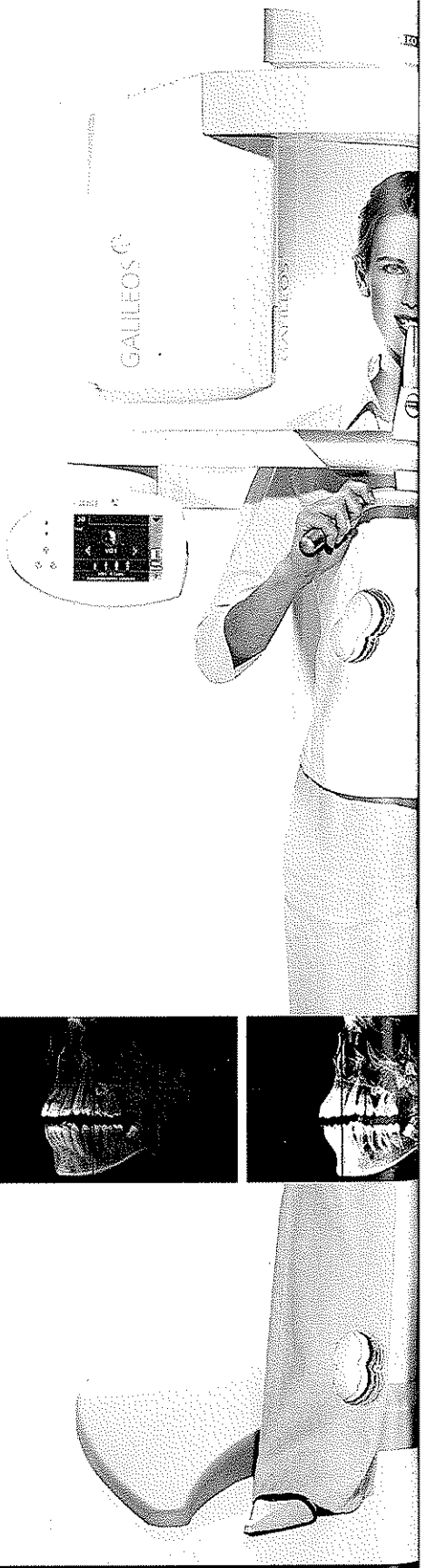


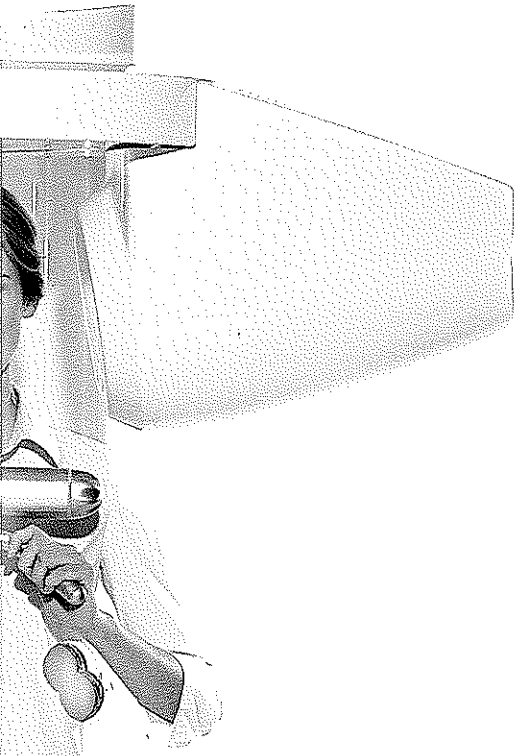
Technological principle of the pulsed scan GALILEOS® ConeBeam technology

Perfected technology
GALILEOS® is a new 3D X-ray solution which uses ConeBeam technology with a cone-shaped radiation beam. It allows for three-dimensional imaging of the oral-maxillo-facial region, with optimized, distortion-free images recorded by the X-ray detector via the image intensifier. The technology of the image intensifier has been perfected over many years and is currently used in many many medical applications.

Fast 3D imaging volume
The GALILEOS® 3D X-ray scan only takes 14 seconds. The GALILEOS® reconstruction program calculates the entire image volume from the data of the 200 individual exposures that are generated with a pulsed scan. After seven minutes the image appears in the system for viewing. The pulsating exposure technology keeps the radiation dosage comparatively low.

Reconstruction with high resolution
The (15x15x15) cm^3 volume is displayed in a resolution of 300 µm. If necessary, selected partial volumes can also be subsequently reconstructed in a higher-contrast resolution of 150 µm – without an additional scan. The close-up function shows a higher level of detail and allows the operator to change to different views.

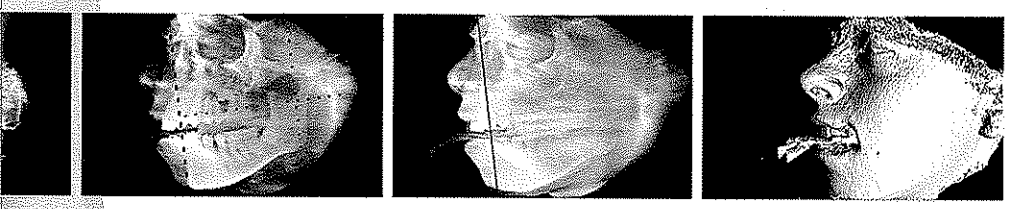




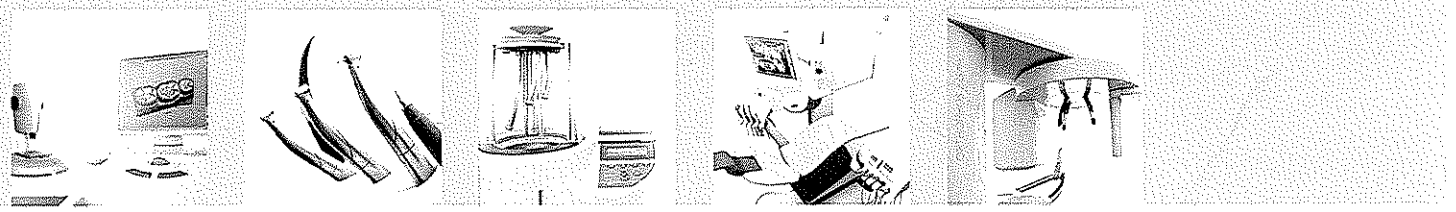
GALILEOS® X-ray system at a glance

Exposure volume	(15x15x15) cm³
3D resolution Isotropic Voxel size	 0.3/0.15 mm
Scan time/Exposure time	14/2-6 s
Reconstruction time	4.5 min
Patient positioning	standing/sitting
X-ray tube assembly kV mA	 85 5-7
Effective dose	29 µSv (21 mAs, 85 kV)*
Minimum room dimensions	63" x 63" x 79" (depth x width x height)
Recommended room dimensions	71" x 71" x 99" (depth x width x height)
Radiation protection	Same as with panoramic unit: see DIN 6812: June 2002
Door width	at least 26" for installation
Weight	System approx. 308 lbs.

* John B. Ludlow, DDS, MS, FDS RCSEd, Department of Diagnostic Sciences and General Dentistry, University of North Carolina School of Dentistry, Chapel Hill, North Carolina, USA.



Multiple display options of the 3D volume between bone structure and soft tissue assist with a quick diagnosis of the oral, maxillary and facial region. Proven in more than 2,000 documented cases of maxillofacial surgery of the Cologne University Clinic, the University of North Carolina (UNC Chapel Hill) and other selected dental practices.



CAD/CAM SYSTEMS I INSTRUMENTS I HYGIENE SYSTEMS I TREATMENT CENTERS I IMAGING SYSTEMS

SIRONA – UNIQUE WORLDWIDE SYSTEMS EXPERTISE IN DENTAL EQUIPMENT PRODUCTS

Sirona develops and manufactures a comprehensive range of dental equipment, including CAD/CAM Systems for dental practices (CEREC) and laboratories (inLab), Instruments and Hygiene Systems, Treatment Centers and Imaging Systems. Sirona manufactures high technology products that guarantee ease of use and a high return on investment – for the good of your practice and for the benefit of your patients. In this way, you can approach every challenge that you face, confident in the knowledge that: **It will be a great day. With Sirona.**

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Charlotte, NC 28
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6092683

The Dental Company

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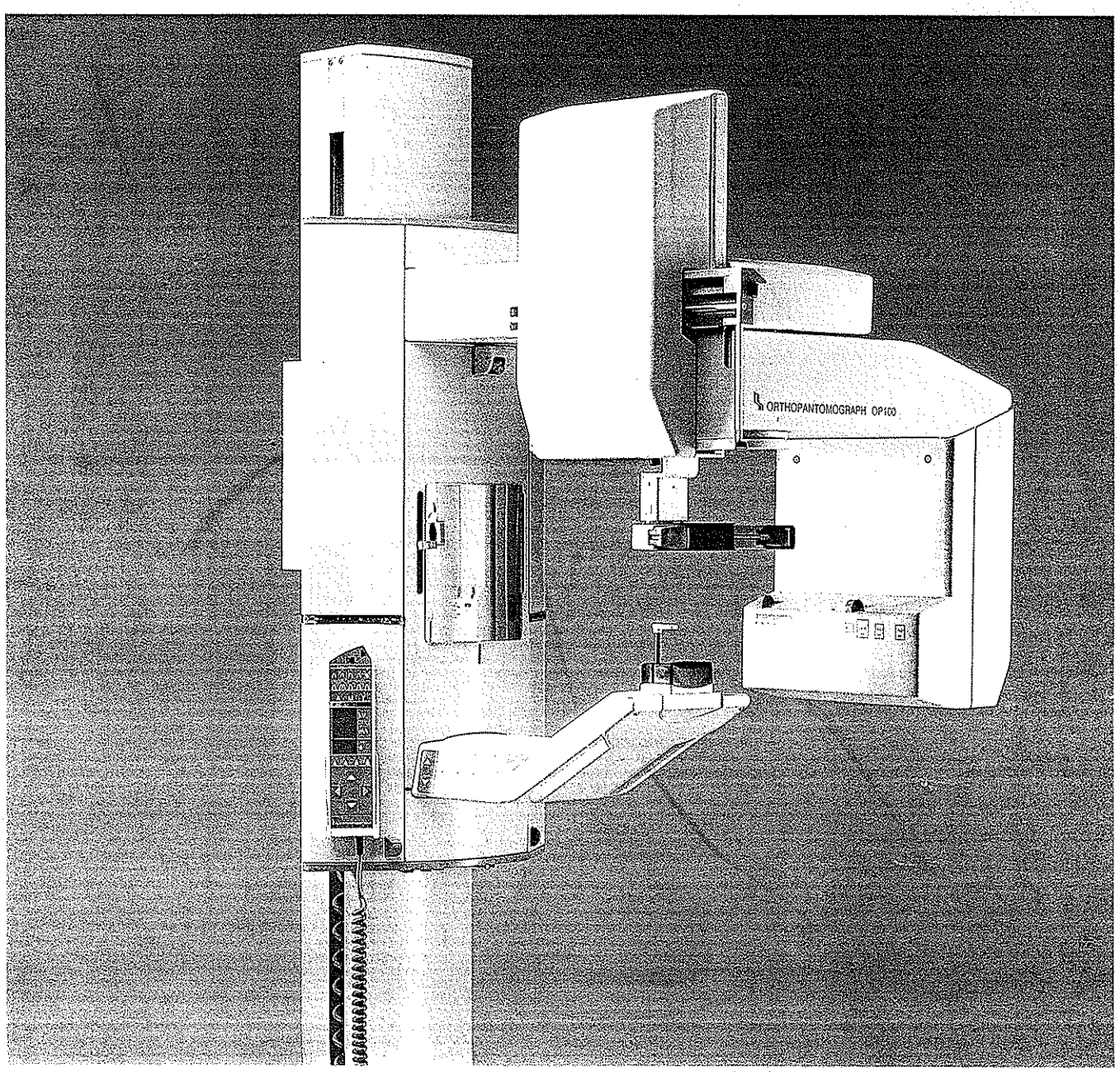
Orthopantomograph® OP 100
Advanced Dental Imaging

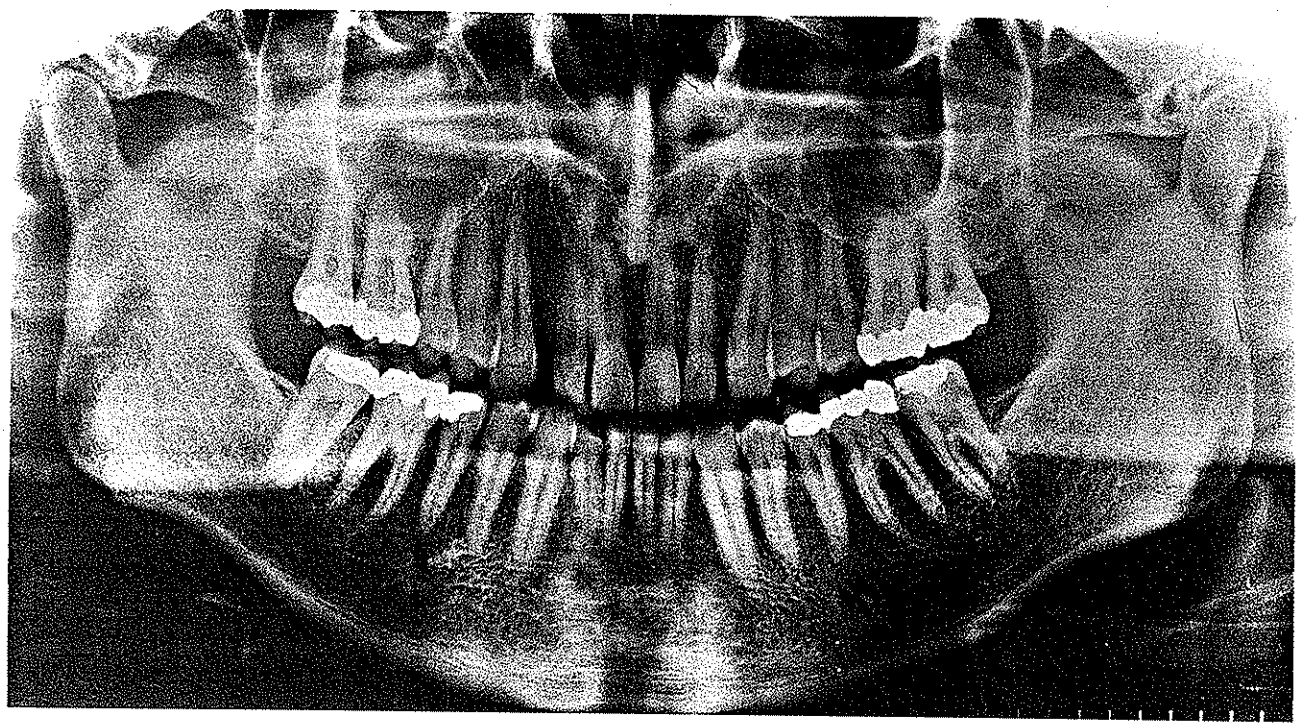


X-ray System Currently in Place in my Waterbury Office

INSTRUMENTARIUM
imaging

LEE W. McNEISH, D.M.D.
650 CHASE PARKWAY
WATERBURY, CT 06708

Orthopantomograph® OP 100 - superior ir a



THE ORIGINAL

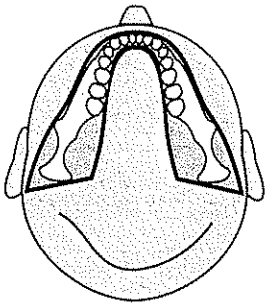
The OP 100 is the latest member of the original Orthopantomograph® family of products from Instrumentarium Imaging based on 30 years of experience.

STATE-OF-THE-ART TECHNOLOGY

- Fully computer controlled panoramic unit with outstanding image quality.
- Latest HF generator technology to improve radiation efficiency.
- 0.5 mm focal spot size to ensure high image resolution.
- Automatic Exposure Control (AEC) to eliminate retakes caused by incorrect technique.
- Automatic Spine Compensation (ASC) to eliminate spine shadow.
- Constant Contrast to produce desired gray scale with any screen – film combination.

EXCLUSIVE V-BEAM

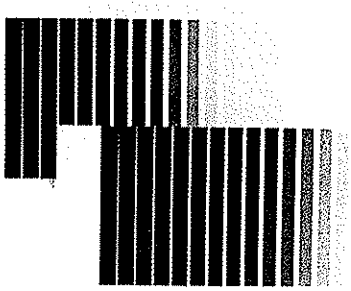
The patented V-shaped X-ray beam adapts to the bone density and structure of the human anatomy. The V-beam combined with the free moving center of rotation contribute to an accurate and anatomically correct focal trough.



OP 100 radiographs show more detail thanks to the patented V-beam primary collimator and thicker image layer.

UNIQUE QUALITY ASSURANCE PROGRAM

The OP 100 has a built-in Quality Assurance (QA) program to verify the correct operation of film processing – the most common cause of film image quality problems.



Comparing two Quality Assurance films is an easy way to check for film processor drift.

COMPLETE UPGRADEABILITY

The OP 100 has been designed to expand with your practice.

- ORTHOCEPH OC 100 with unique soft tissue filtering for cephalometric radiography.
- ORTHO TRANS linear tomography for cross-sectional imaging.
- ORTHO ID FILM MARKING SYSTEM
- DIRECT AND INDIRECT DIGITAL imaging by adding Trophy Digipan or by utilizing CR technology.

Imaging programs for dentition, TMJ's and

The OP 100 has 9 standard imaging programs to meet the diagnostic needs of dental practices and more specialized clinics and hospitals. All OP 100 image layers are computer controlled. This assures optimum image projections for shadowless images.

PANORAMIC IMAGING

The OP 100 has four panoramic programs: Standard, Pediatric, Wide Layer Anterior and Orthogonal. These programs are optimized for different jaw sizes and shapes based on experience gained from previous Orthopantomograph models OP 3, OP 5 and OP 10.

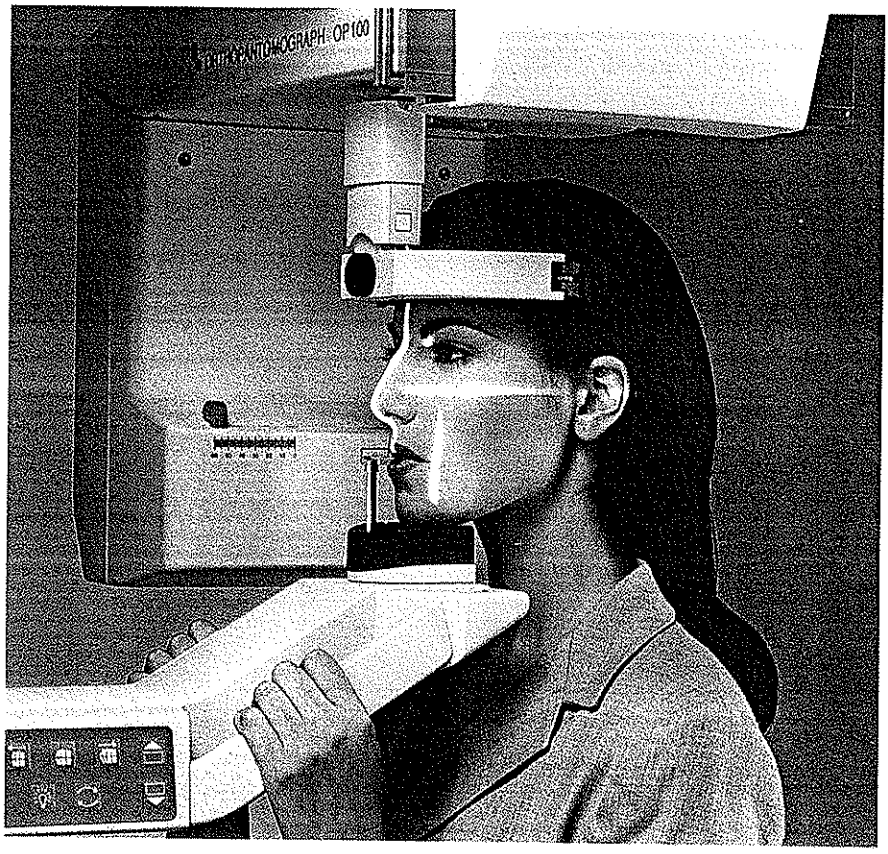
SPECIAL TMJ IMAGING

The OP 100 provides additional information when diagnosing temporomandibular joint (TMJ) disorders. With the OP 100, lateral and postero-anterior views of the TMJ can be obtained separately or even combined on the same film.

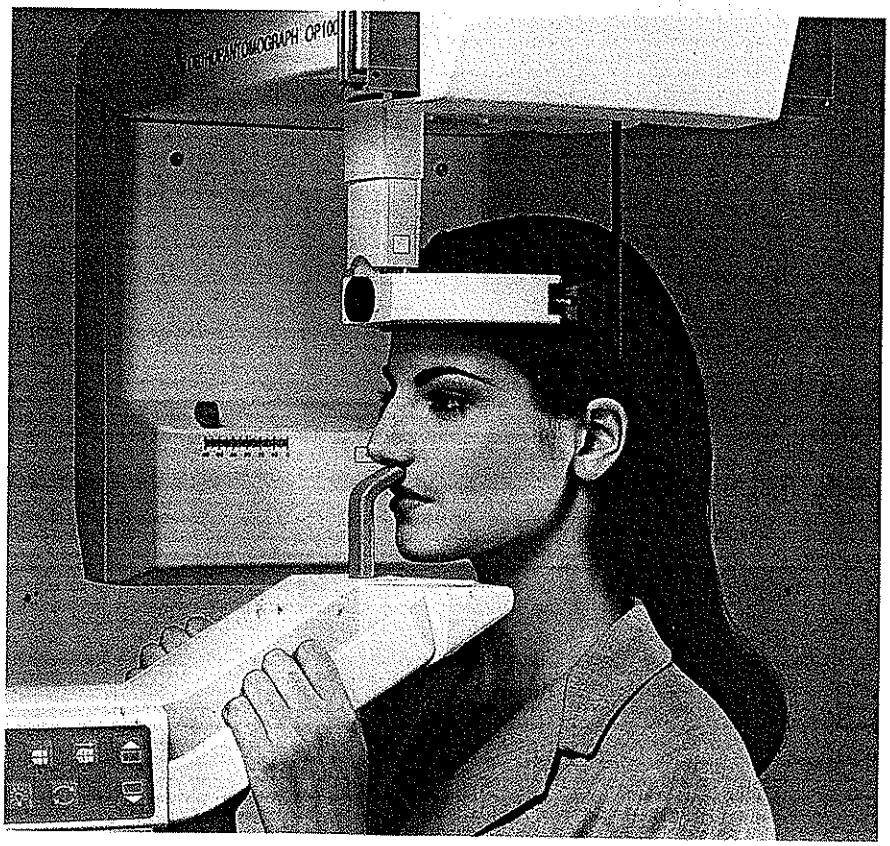
AUTOMATIC EXPOSURE CONTROL

Panoramic films taken with the patented Automatic Exposure Control (AEC) provide error-free imaging. AEC sets correct kV and mA by using a large sampling area and proprietary software. It works on all 4 panoramic programs.

With the Manual Exposure Control the user can control the exposure either by selecting preprogrammed icons or by using a completely manual selection of kV and mA.

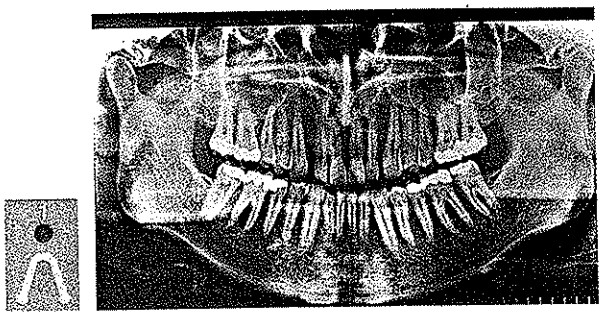


In the Panoramic Mode, the patient is stabilized with a chin rest, bite block and head support.

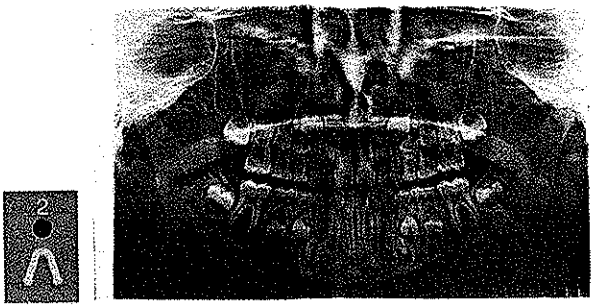


In the TMJ Mode, the patient is stabilized with a nose support a head support.

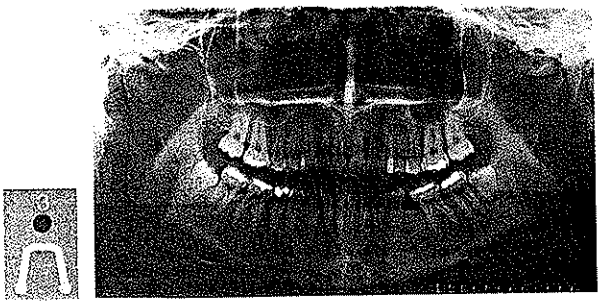
maxillary sinus



Program 1: Standard panoramic film with AEC

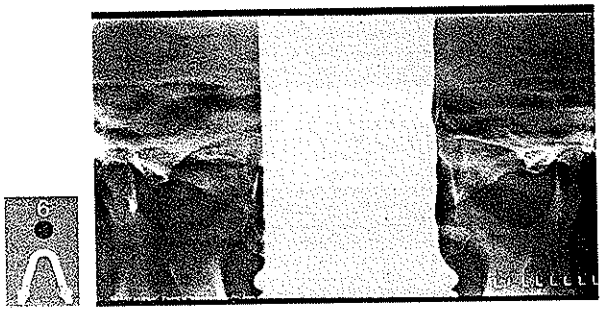


Program 2: Pediatric panoramic film with AEC

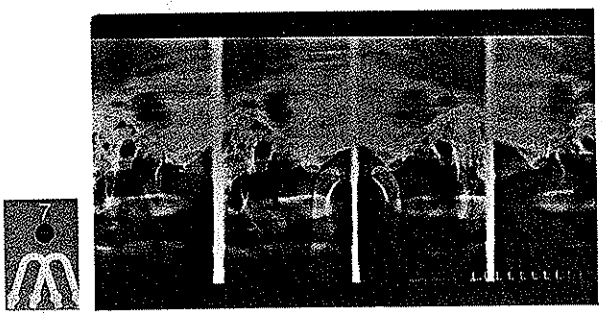


Program 3: Wide Layer Anterior panoramic film with AEC

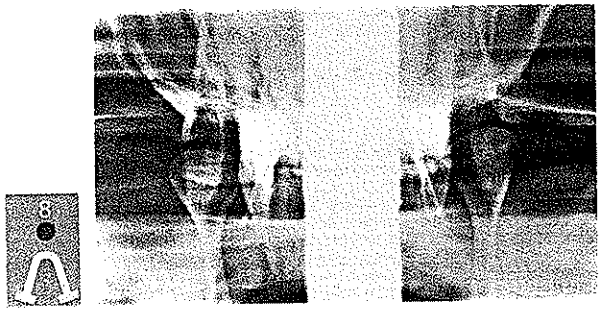
Program 4: Orthogonal panoramic film with AEC



Program 6: TMJ film, laternal view

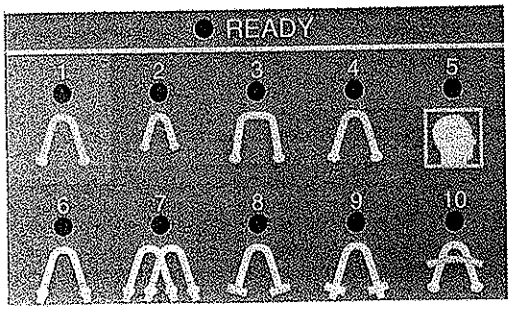


Program 7: TMJ film, lateral view with jaw closed and open on the same film

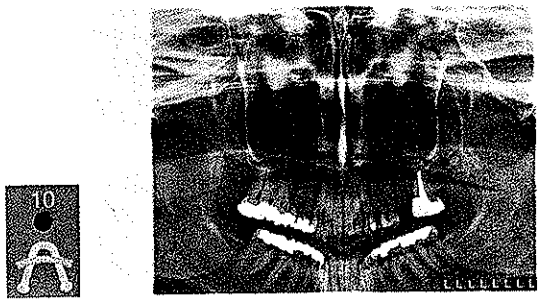


Progmam 8: TMJ film, PA view

Program 9: TMJ film, lateral and PA view

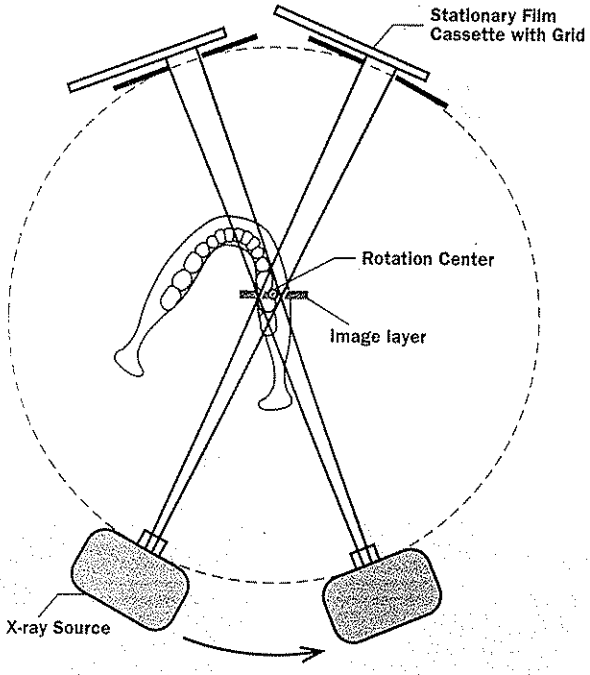


Control panel with conveniently grouped graphic symbols, eg. Program 5: cephalometric radiography.

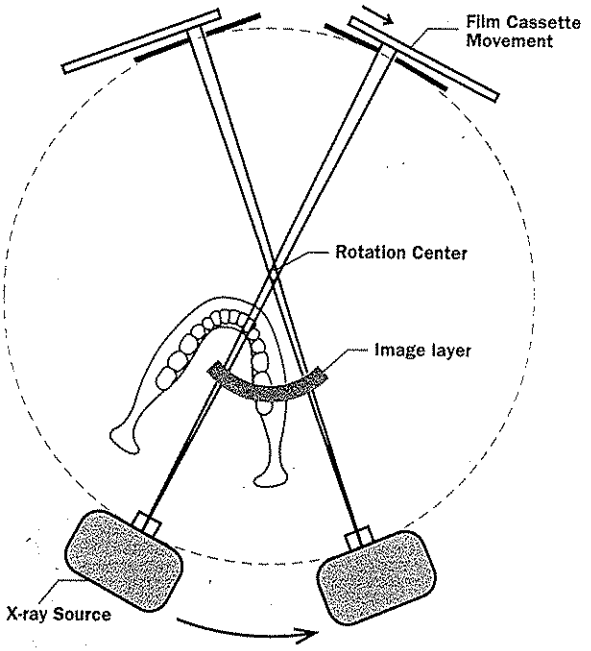


Program 10: Maxillary sinus view

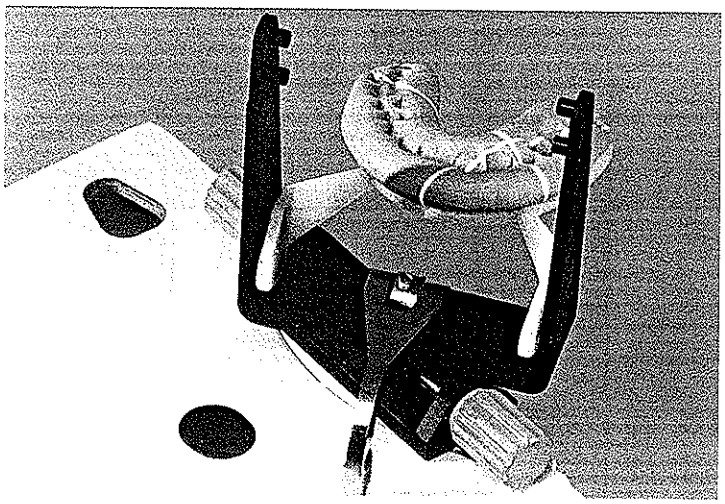
Linear Tomography



Linear Tomography Principle



Panoramic Tomography Principle
(Transversal Slicing)



Dual laser lights show precicely the region of interest in respect to the patient's biting.

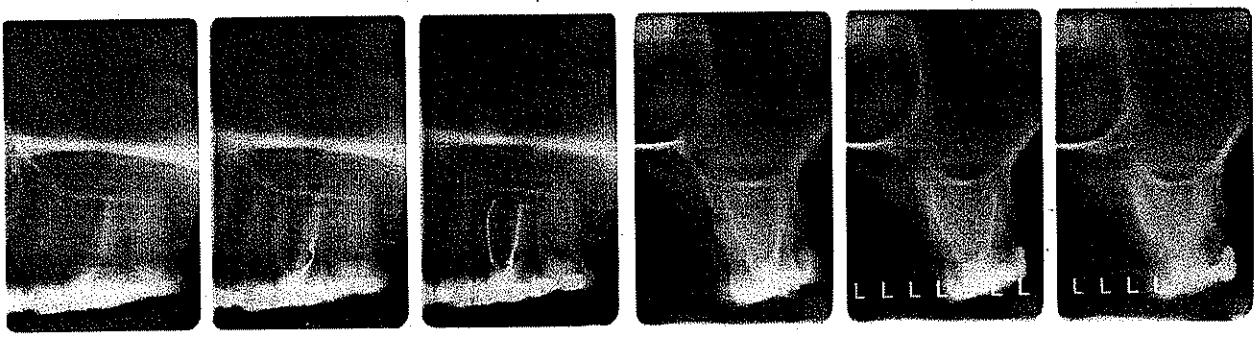
TOMOGRAPHY IS THE PROFESSIONAL STANDARD

Linear tomography has long been the standard for cross-sectional imaging. In linear tomography, the film cassette and x-ray source do not move, relative to each other; the image layer is at the center of rotation. In panoramic tomography, the film is moved past a secondary slot in a movie-like fashion, the image layer is between the center of rotation and the film plane or x-ray source. The design of the OP 100 allows for the conversion to linear tomography. Ortho Trans generates films that are truly "thin Layer" tomographic images with superior artifact rejection, providing the highest diagnostic values.

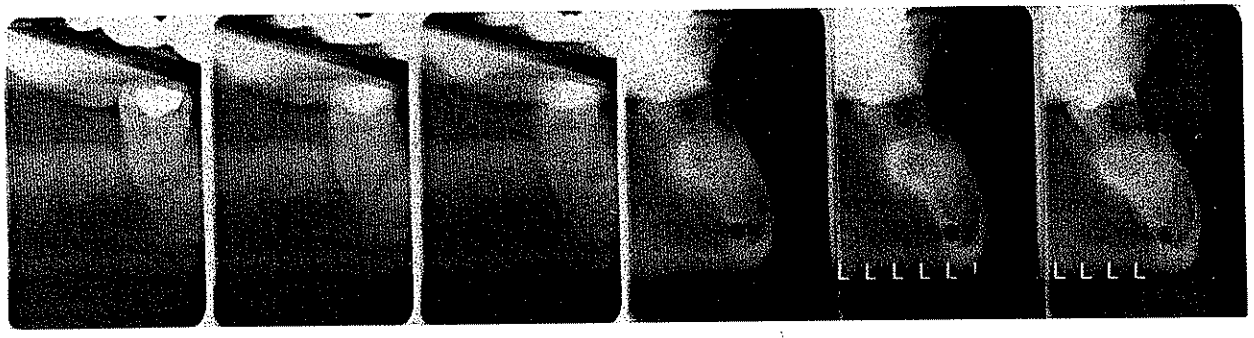
ORTHO TRANS TOMOGRAPHY

The Orthopantomograph® Ortho Trans system produces linear tomographic images of a mandible or maxilla from third molar to third molar. The image layer thickness is selectable from 2.4 to 8.0 mm for both, cross-sectional, and longitudinal views. The software controlled operation automatically creates up to 6 views on one film. Only the region of interest is exposed, thus greatly reducing patient dose. The use of optional grid cassette further enhances contrast and detail of the image. Projecting both cross-sectional and longitudinal views on the same film is a welcome innovation. Horizontal cross references make image interpretations simpler and enchances the confidence level of treatment planning.

Cross-sectional and Longitudinal



Maxillary image, 3 longitudinal and 3 cross-sectional views

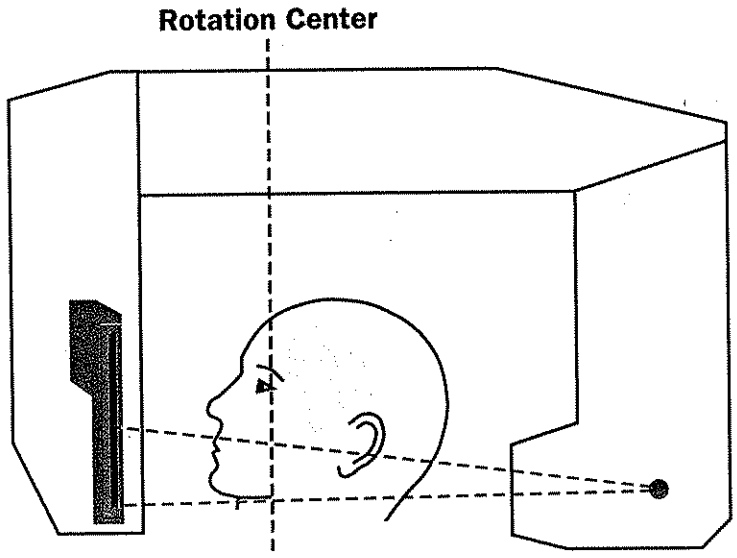


Mandible image, 3 longitudinal and 3 cross-sectional views

SIMPLE OPERATION

Ortho Trans system enables the operator to consistently produce diagnostic images, without "scout films". The adjustable bite positioner, and laser image layer locator, provide easy patient positioning. The patient's image layer can be prepositioned at chair-side by using impression material on the removable bite plane. Dual laser lights enable the operator to accurately position this bite plane to the correct location.

Our proven andvanced AEC (Automatic Exposure Control) is the key to consistent imaging. Anatomic structures vary greatly from cross-sectional to longitudinal views, from patient to patient. AEC is the only practical way for the operator to produce properly exposed films.

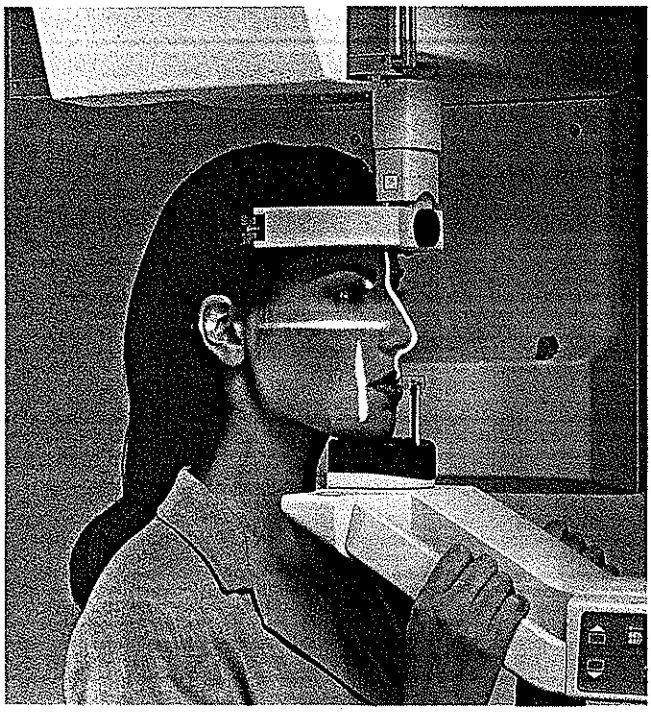


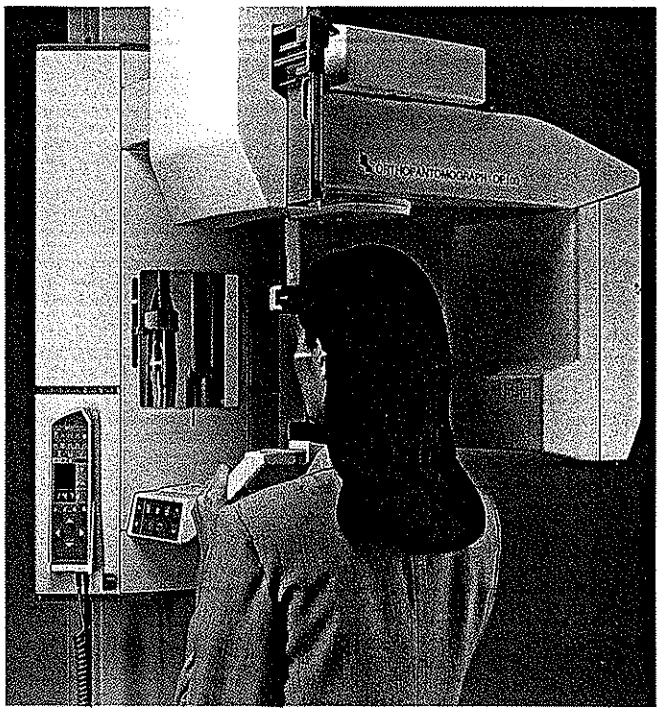
Ortho Trans uses the center portion of the x-ray beam for correct projection geometry and image symmetry.

ACCURATE

Dimensional accuracy and consistency are critical when measuring for treatment planning. The design of the Ortho Trans ensures this accuracy level. The rotational center and source-to-image distance, are fixed and will provide constant magnification every time. The Ortho Trans system uses only the center portion of the x-ray beam, establishing correct projection geometry and image symmetry. Separate image positioners are used to provide correct image angulation for maxillary and mandible.

Ease of Operation

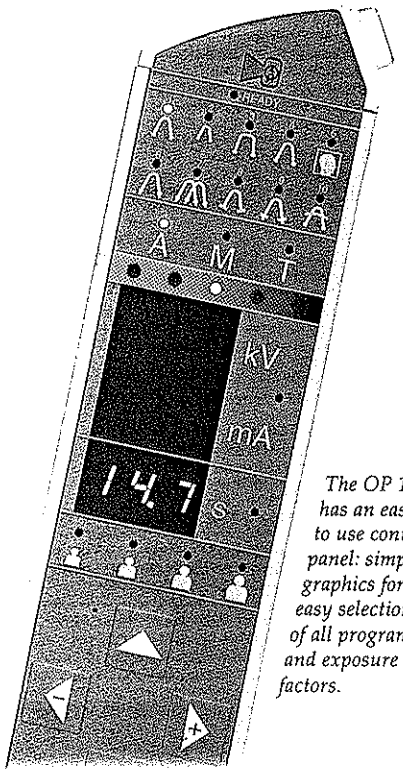




The OP 100 has an open design in patient positioning thanks to the unique cassette holder movement.

EXPOSURE READY

Standard Panoramic program with the AEC is automatically selected when power is switched on. Other imaging programs can be selected by just pressing a button. After the insertion of the loaded cassette, the OP 100 automatically retracts the cassette up for open patient positioning.



The OP 100 has an easy to use control panel: simple graphics for easy selection of all programs and exposure factors.

OUTSTANDING OPEN DESIGN WITH UNIQUE CASSETTE HOLDER MOVEMENT

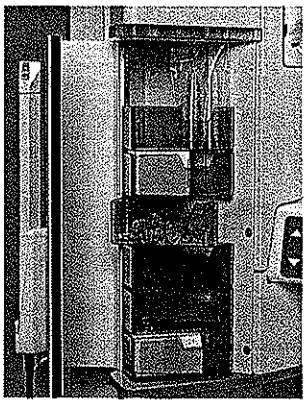
Thanks to its open design and patented cassette holder movement, the OP 100 has solved the problem with conventional panoramic units of the cassette holder blocking the view to the patient.

PATIENT POSITIONING

Three light lines are used to position the patient's head, and motorized movements make positioning easy. The patient's midsagittal view can be seen in a panoramic mirror. The electrically locked rigid forehead support is used to stabilize the patient's head. Special accessories are used for pediatric and edentulous patients.

EXPOSURE

On the removable control panel the exposure factors are clearly displayed during the exposure cycle. After the exposure the OP 100 automically returns to a position to release the patient without delay.



The OP 100 has convenient bins for small accessories and disposables.

FLEXIBILITY OF INSTALLATION

The OP 100 can be configured to operate from left or right. A standard wall mount with swivel joint allows the OP 100 and OC 100 to be installed at any angle for easy patient positioning. An optional base plate is available for free standing installation. No other panoramic unit can match the OP 100 flexibility.

Specialty Programs, Film Marking

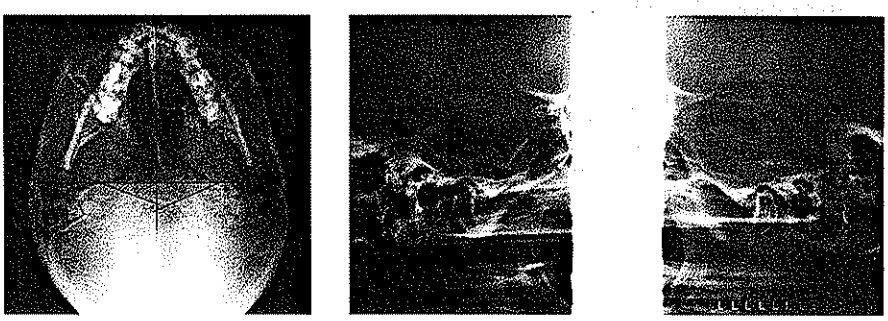
ORTHO ZONE

Ortho Zone provides special geometry to solve two common imaging problems: metal artifacts in the condyle through molar region, and the need for an exceptionally wide anterior layer – twice the standard panoramic program. Ortho Zone is an optional alternative to program 3.

Standard program 1 view of the dry scull model with metal in ramus. The obscuring shadow is eliminated and the anterior focal trough is increased with the optional Ortho Zone program.

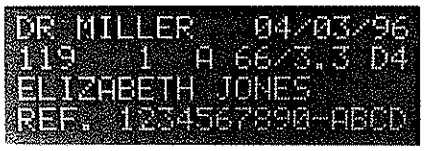
ORTHO TMJ

Ortho TMJ program enables TM joint to be viewed at any angle between -5° through +35° horizontally, and near zero vertically. This allows the clinician to set the x-ray beam angle, to equal the condyle angle. Ortho TMJ is an optional alternative to program 6.



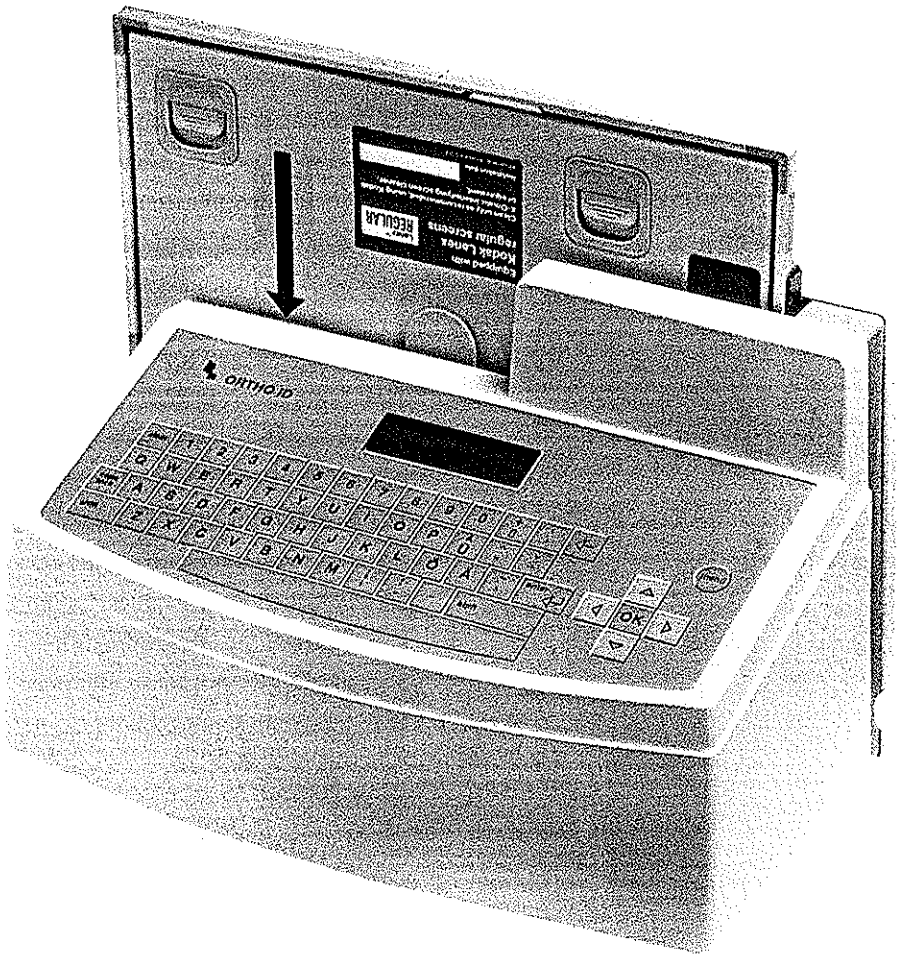
A statistical average or an OC100 axial view can be used obtain the correct condylar angle for the Ortho TMJ image.

OPTIONAL ORTHO ID FILM MARKING SYSTEM



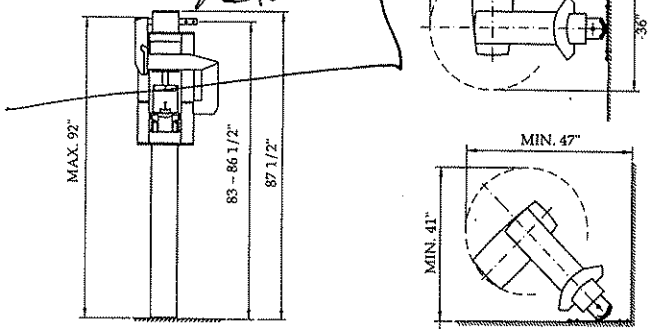
ORTHO ID marks patient data and technique factors on panoramic, cephalometric and tomographic films. It is used in daylight environment eliminiting dark room printing errors. Standard window type cassettes are used for marking.

Patient data (40 characters) can be pre-entered before or after the exposure. The clinic or dentist names stored in the Ortho ID memory are automatically in use for marking. Ortho ID has several user selectable languages for operation and user help.

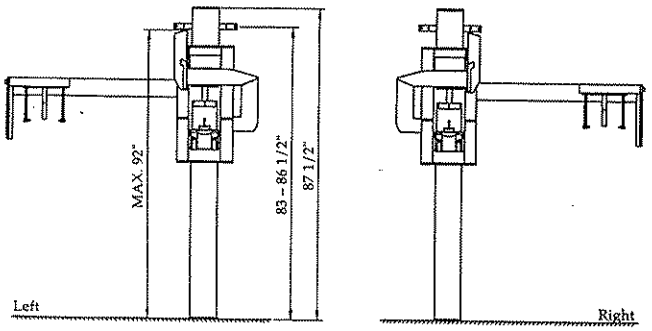


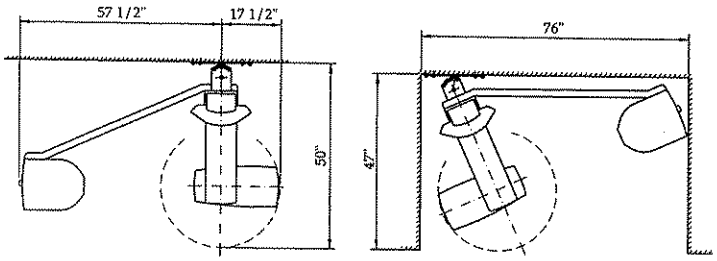
TECHNICAL SPECIFICATIONS

ORTHOPANTOMOGRAPH® OP 100



ORTHOCEPH® OC 100





Standard swivel mount

ELECTRICAL & MECHANICAL SAFETY:	According to IEC 601-1, UL and C-UL (File E157261).
FACTORY QUALITY STANDARD:	ISO 9001
X-RAY GENERATOR	
Tube type	D-051S
Nominal power	1.2 kW
Tube voltage & current	57 - 85 kV, 2 - 16 mA
High voltage	DC
Frequency	75 to 150 kHz
Focus size	0.5 (IEC 336/1982)
Spine compensation	Automatic or Pre-programmed, 0 - 8 kV (max. 85kV)
Minimum total filtration	2.5 mmAl + 12 mmAl (Ortho Trans)
ELECTRICAL CONNECTIONS:	
Nominal mains voltage	110/230 VAC +/- 10%
Nominal current	10 A @ 230 VAC, 15 A @ 110 VAC
Power consumption	2.3 kVA @ 230 VAC, 1.65 kVA @ 110 VAC
IMAGING PROCEDURES:	Panoramic, TMJ, Sinus, Cephalometric (OC 100), Linear Tomography (Ortho Trans)
EXPOSURE CONTROL:	Automatic, Pre-programmed, Manual and Quality Assurance
EXPOSURE FACTORS:	
Pan/TMJ/Sinus	57 - 85 kV / 2 - 16 mA / 8 - 17.6 s
Cephalometric	60 - 85 kV / 12 mA / 0.1 - 3.2 s
Linear Tomography	57 -85 kV / 2 -16 mA / 1.6 - 28.8 s
POSITIONING LIGHTS:	Tungsten Halogen and Class II Laser (Ortho Trans)
PANORAMIC CASSETTE:	Flat cassette with rare earth screens for 15 x 30 cm film
CEPHALOSTAT CASSETTE:	Flat cassettes with rare earth screens for 8 x 10 in film, 10 x 12 in optional
ORTHO TRANS CASSETTE:	Flat cassette with rare earth screens for 15 x 30 cm film, grid optional
DIGITAL IMAGING OPTIONS:	CR Phosphor plate technique and Trophy Digipan
PHYSICAL MEASURES (OP 100):	
Focus-film distance	19 3/32 in / 485 mm
Nominal magnification	1.3 in panoramic & Lateral TMJ, 1.8 in TMJ PA and 1.4 in linear tomography procedures
Height x Width x Depth	Max. 92 x 33 x 39 in
Weight	370 lbs / 170 kg
PHYSICAL MEASURES (OC 100):	
Focus-film distance	63 - 67_ in / 1600 - 1715 mm
Magnification	1.08 - 1.14
Height x Width x Depth	Max. 92 x 75 x 39 in
Weight	450 lbs / 205 kg

INSTRUMENTARIUM imaging

Manufacturer:
Instrumentarium Corp. Imaging Division, Nahkelantie 160, P.O. Box 20, FIN-04301 Tuusula, Finland, Phone +358-9-258 851, Telefax +358-9-275 7276
http://www.instrumentarium.fi/imaging

Distributor in USA:
Instrumentarium Imaging, Inc., 300 West Edgerton Avenue, Milwaukee, Wisconsin 53207, USA, Phone +1-414-747-1030, Telefax +1-414-481-8665, 1-800-558-6120

Distributor:

STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

December 4, 2007

Lee W. McNeish, DMD
650 Chase Parkway
Waterbury, CT 06708

RE: Certificate of Need Determination Report Number 07-31064-DTR
Lee W. McNeish, DMD
Acquisition of Galileos Cone Beam 3-D Dental Imaging System

Dear Dr. McNeish:

On November 13, 2007, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request concerning the acquisition of the Galileos Cone Beam 3-D Dental Imaging System ("Galileos") at an associated capital expenditure of $195,318. OHCA has reviewed the information contained in your request and makes the following findings:

1. Dr. Lee W. McNeish is an oral surgeon with a private dental office located at 650 Chase Parkway in Waterbury, Connecticut.

2. The Galileos system will be acquired for use within the private dental office, and will replace the existing Orthopantomgraph OP 100 Panorex machine.

3. The Galileos system includes X-ray equipment, an IT package with a reconstruction and control unit (RCU), 3D visualization and analysis software, 3-D implant planning software, and surgical guide kits. *(Source: Galileos Brochure, Sirona Dental Systems, LLC, 2007)*

4. The Galileos system used a pulsed scan to take 200 individual exposures from a 14-second cycle. Once the x-ray scan is completed, the images are sent to the RCU for the computations required to create the 3-D image. This allows for 3-D imaging of the oral-maxillofacial region. Any slice of the entire 3-D volume can be reconstructed and viewed from any angle. *(Source: Galileos Brochure, Sirona Dental Systems, LLC, 2007)*

5. The associated capital expenditure for the Galileos system is $195,318.

6. Section 19a-639 of the Connecticut General Statutes ("C.G.S.") requires CON approval, regardless of cost, for anyone acquiring, purchasing or accepting donation of a CT scanner, PET scanner, PET/CT scanner, MRI, cineangiography equipment, a linear accelerator or other similar equipment utilizing new technology that is being introduced to the state.

Based on the above findings, OHCA has determined the Galileos Cone Beam 3-D Dental Imaging System produces images through the acquisition and computer processing of x-ray transmission data and therefore is a computed tomography ("CT") scanner. The Galileos Cone Beam 3-D Dental Imaging System is a CT scanner similar to the other scanners and equipment requiring CON approval. Therefore, the acquisition and operation of the Galileos Cone Beam 3-D Dental Imaging System at your private dental office requires Certificate of Need approval, pursuant to Section 19a-639 of the Connecticut General Statutes.

As your proposal requires a Certificate of Need, OHCA accepts the CON Determination form submitted on November 13, 2007, as the Letter of Intent for the proposal. OHCA will provide the Petitioner a CON application for the proposal. The completed CON application will be eligible for submission no earlier than January 12, 2007, and may be submitted no later than March 12, 2008. The CON application is being mailed to your attention separately.

If you have any questions regarding the above, please contact Laurie Greci or Alexis Fedorjaczenko at (860) 418-7001.

Sincerely,

Cristine A. Vogel
Commissioner

CAV: agf

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

December 5, 2007

Lee McNeish
Lee W. McNeish, DMD
650 Chase Parkway
Waterbury, CT 06708

Re: Letter of Intent, Docket Number 07-31064
Lee W. McNeish, DMD
Proposal to Obtain and Operate a Sirona 3D Galileos Imaging System in Private Dental Office
Notice of Letter of Intent

Dear Mr. McNeish:

On November 13, 2007, the Office of Health Care Access ("OHCA") received the Letter of Intent ("LOI") Form of Lee W. McNeish, DMD ("Applicant") for the proposal to obtain and operate a Sirona 3D Galileos Imaging System in private dental office, at a total capital expenditure of $195,318.

A notice to the public regarding OHCA's receipt of a LOI was published in *The Waterbury Republican-American* pursuant to Section 19a-639 of the Connecticut General Statutes. Enclosed for your information is a copy of the notice to the public.

Sincerely,

Kimberly R. Martone
Certificate of Need Supervisor

KRM:lmg

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

December 5, 2007

Requisition # HCA08-094
Fax: (203) 754-0644

Waterbury Republican American
389 Meadow Street
Box 2090
Waterbury, CT 06722-2090

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than **Monday, December 10, 2007.**

Please provide the following **within 30 days** of publication:

- Proof of publication (copy of legal ad. acceptable) showing published date along with the invoice.

If there are any questions regarding this legal notice, please contact Laurie Greci at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

Kimberly R. Martone
Certificate of Need Supervisor

Attachment

KRM:LG:lmg

c: Sandy Salus, OHCA

Waterbury Republican-American
Docket Number 07-31064

Letter of Intent
December 5, 2007

PLEASE INSERT THE FOLLOWING:

Statute Reference:	19a-639
Applicant:	Lee W. McNeish, DMD
Town:	Waterbury
Docket Number:	07-31064
Proposal:	Proposal to obtain and operate a Sirona 3D Galileos Imaging System in private dental office
Capital Expenditure:	$195,318

The Applicant may file its Certificate of Need application between January 12, 2008 and March 12, 2008. Interested persons are invited to submit written comments to Cristine A. Vogel, Commissioner Office of Health Care Access, 410 Capitol Avenue, MS13HCA P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available for inspection at OHCA. A copy of the Letter of Intent or a copy of Certificate of Need Application, when filed, may be obtained from OHCA at the standard charge. The Certificate of Need application will be made available for inspection at OHCA, when it is submitted by the Applicant.

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	2942
RECIPIENT ADDRESS	912037540644
DESTINATION ID	
ST. TIME	12/05 16:28
TIME USE	00'18
PAGES SENT	2
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STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

December 5, 2007

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KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

Kimberly Martin

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

November 15, 2007

Lee W. McNeish, DMD
650 Chase Parkway
Waterbury, CT 06708

RE: Certificate of Need Application Forms, Docket Number 07-31064-CON
Lee W. McNeish, DMD
Proposal to Obtain and Operate a Sirona 3D Galileos Imaging System in Private Dental Office

Dear Dr. McNeish:

Enclosed are the application forms for your Certificate of Need ("CON") proposal to obtain and operate a Sirona 3D Galileos Imaging System in a private dental office with an associated capital expenditure of $195,318. According to the parameters stated in Section 19a-639 of the Connecticut General Statutes the CON application may be filed between January 12, 2008, and March 12, 2008.

When submitting your CON Application, please paginate and date each page contained in your submission. In addition, please submit one (1) original and five hard copies; as well as a scanned copy of the complete Application, including all attachments, on CD or Diskette in Adobe PDF format. OHCA requests that the electronic copy of the Application (attachments optional) be in MS Word format and that the Financial Attachments and other data as appropriate be in MS Excel format.

The analyst assigned to the CON application is Alexis Fedorjaczenko. Please feel free to contact her at (860) 418-7001, if you have any questions.

Sincerely,

Kimberly Martone
Certificate of Need Supervisor

Enclosures

State of Connecticut
Office of Health Care Access
Certificate of Need Application

Please complete all questions. If any question is not relevant to your project, Not Applicable may be an acceptable response. Your Certificate of Need application will be eligible for submission no earlier than January 12, 2008, and may be submitted no later than March 12 2008. The Analyst assigned to your application is Alexis Fedorjaczenjo and she may be reached Office of Health Care Access at (860) 418-7001.

Docket Number: 06-30852-CON

Applicant's Name: Lee W. McNeish, DMD

Contact Person: Lee W. McNeish, DMD

Contact Address: 650 Chase Parkway
Waterbury, CT 06708

Project Location: Waterbury

Project Name: Acquisition of Galileos Cone Beam 3-D Dental Imaging System

Type proposal: Section 19a-639, C.G.S.

Est. Capital Expenditure: $195,318

1. Expansion of Existing or New Service

What services are currently offered at your facility that the proposed expansion or new service will augment or replace? Please list.

Augment:

Replace:

2. State Health Plan

No questions at this time.

3. Applicant's Long Range Plan

Is this application consistent with your long-range plan?

☐ Yes ☐ No If "No" is checked, please provide an explanation.

4. Clear Public Need

A. Explain how it was determined there was a need for the proposal in your service area.

B. Provide the following information:
   i) The population to be served, including the number of individuals to receive the proposed service(s).
   ii) Where are patients currently receiving the proposed services.
   iii) Hours of operation of the proposed service

C. Provide the units of service projected for the first three years of operation of the proposed service. Include the derivation/calculation.

D. List the service area towns. Provide a rationale for choosing the selected towns.

E. Travel distance from proposed site to service area towns.

F. Identify the existing providers of the proposed service in your service area and provide the information as outlined in the following table concerning the existing providers' (in the Applicant(s) PSA and SSA) current operations:

Description of Service[1]	Provider Name, Street Address, Town and Zip Code	Hours and Days of Operation[2]	Current Utilization[3]

[1] If proposal concerns imaging equipment, provide a description of the equipment used by the Provider, if known (i.e., for MRI scanners, include Tesla strength, and whether or not the scanner is considered to be "open" or "closed", for CT scanners, include the number of "slices".); list one piece of equipment per line.
[2] Specify days of the week and start and end time for each day.
[3] Number of scans performed on specified scanner by Provider for the most recent 12 month period, if known.

G. What will be the effect of your proposal on existing providers (i.e. patient volume, financial stability, quality of care, etc.)?

H. Will your proposal remedy any of the following barriers to access? Please provide an explanation.

☐ Cultural
☐ Geographic
☐ None of the Above
☐ Transportation
☐ Economic
☐ Other, Specify: _____

If you checked other than "None of the Above", please provide an explanation

I. Provide copies of any of the following plans, studies or reports related to your proposal:

☐ Epidemiological studies
☐ Public information reports
☐ Other, Specify: _____
☐ Needs assessments
☐ Market share analysis

☐ None, *Explain* why no reports, studies or market share analysis was undertaken related to the proposal:

5. Quality Measures

A. If the proposal is for a new technology or procedure, have all appropriate agencies approved the proposed procedure (e.g., FDA etc.)?

☐ Yes ☐ No ☐ Not Applicable If "No", please provide an explanation.

B. Check off all the Standard of Practice Guidelines that will be utilized by the Applicant for the proposed service. Please submit the most recent copy of each report related to the proposal:

- ☐ American College of Cardiology
- ☐ National Association of Child Bearing Centers
- ☐ Report of the Inter-Council for Radiation Oncology
- ☐ National Committee for Quality Assurance
- ☐ American College of Obstetricians & Gynecologists
- ☐ American College of Radiology
- ☐ Public Health Code & Federal Corollary
- ☐ American College of Surgeons
- ☐ Substance Abuse Society and Mental Health Services Administration
- ☐ Other, Specify:

C. Describe in detail how the Applicant plans to meet the each of the guidelines checked off above.

D. Submit a list of all key professional and administrative personnel, including the Applicant's Chief Executive Officer (CEO) and Chief Financial Officer (CFO), Medical Director, physicians, nurses, therapists, counselors, etc., related to the proposal and a copy of their Curriculum Vitae.
Note: *For physicians, please provide a list of hospitals where the physicians have admitting privileges.*

E. Provide a copy of the most recent inspection reports and/or certificate for your facility:

- ☐ DPH
- ☐ Fire Marshall Report
- ☐ AAAHC
- ☐ Other:
- ☐ JCAHO
- ☐ Other States Health Dept. Reports
- ☐ (New Out-of-State Providers) AAAASF

Note: Above referenced acronyms are defined below. [1]

F. Provide a copy of the following (as applicable):

- ☐ A copy of the related Quality Assurance plan
- ☐ Protocols for service (new service only)
- ☐ Patient Selection Criteria/Intake form

[1] DPH – Department of Public Health; JCAHO – Joint Commission on Accreditation of Hospitals Organization; AAAHC – Accreditation Association for Ambulatory Health Care, AAAASF – American Association for Accreditation of Ambulatory Surgery Facilities, Inc.

6. Improvements to Productivity and Containment of Costs

In the past year has your facility undertaken any of the following activities to improve productivity and contain costs?

- ☐ Energy conservation
- ☐ Application of technology (e.g., computer systems, robotics, telecommunication systems, etc.)
- ☐ None of the above
- ☐ Other (identify):
- ☐ Group purchasing
- ☐ Reengineering

7. Miscellaneous

A. Will this proposal result in new (or a change to) your teaching or research responsibilities?

☐ Yes ☐ No If you checked "Yes," please provide an explanation.

B. Are there any characteristics of your patient/physician mix that makes your proposal unique?

☐ Yes ☐ No If you checked "Yes," please provide an explanation.

C. Provide the following licensing information:

i) If you are currently licensed, provide a copy of the State of Connecticut Department of Public Health license currently held.

ii) The DPH licensure category you are seeking.

iii) If not applicable, please explain why.

8. Financial Information

A. Type of ownership: (Please check off all that apply)

- ☐ Corporation (Inc.)
- ☐ Partnership
- ☐ Joint Venture
- ☐ Other (Specify): _____
- ☐ Limited Liability Company (LLC)
- ☐ Professional Corporation (PC)

B. Provide the following financial information:

i) Please submit the Applicant's audited financial statements for the most recently completed fiscal year. If the Applicant has no audited financial statements, please submit a compilation report or an unaudited Balance Sheet and Statement of Operations for the most

recently completed fiscal year. These statements should be externally prepared and submitted on the preparer's letterhead.

ii) Identify the entity that will be billing for the proposed service.

9. Major Cost Components/Total Capital Expenditure

Submit a final version of all capital expenditures/costs as follows:

Medical Equipment (Purchase)	
Major Medical Equipment (Purchase)	
Non-Medical Equipment (Purchase)*	
Land/Building (Purchase)	
Construction/Renovation	
Other (Non-Construction) Specify:_____	
Total Capital Expenditure	
Medical Equipment (Lease (FMV))	
Major Medical Equipment (Lease (FMV)	
Non-Medical Equipment (Lease (FMV))*	
Fair Market Value of Space – (Capital Leases Only)	
Total Capital Cost	
Capitalized Financing Costs (Informational Purpose Only)	
Total Capital Expenditure with Cap. Fin. Costs	

* Provide an itemized list of all non-medical equipment.

10. Type of Financing

A. Check type of funding or financing source and identify the following anticipated requirements and terms: (Check all which apply)

☐ Applicant's equity:

Source and amount:

Operating Funds Source/Entity Name Available Funds	$_____ _____
Contributions	$_____
Funded depreciation	$_____
Other	$_____

☐ Grant:

Amount of grant	
Funding institution/ entity	

☐ Conventional loan or
☐ Connecticut Health and Educational Facilities Authority (CHEFA) financing:

Current CHEFA debt	
CON Proposed debt financing	
Interest rate	%
Monthly payment	
Term	Years
Debt service reserve fund	

☐ Lease financing or
☐ CHEFA Easy Lease Financing:

Current CHEFA Leases	
CON Proposed lease financing	
Fair market value of leased assets at lease inception	
Interest rate	%
Monthly payment	
Term	Years

☐ Other financing alternatives:

Amount	
Source (e.g., donated assets, etc.)	

B. Please provide copies of the following, if applicable:
   i) Letter of interest from the lending institution,
   ii) Letter of interest from CHEFA,
   iii) Amortization schedule (if not level amortization payments),
   iv) Lease agreement.

11. Revenue, Expense and Volume Projections

A.1. Payer Mix Projection

Please provide the current payer mix and the projected payer mix for the first three fiscal years with the CON proposal for the Total Facility based on Gross Patient Revenue in the following reporting format:

Payer	Current Payer Mix	FY_____ (Year 1) Projected Payer Mix	FY_____ (Year 2) Projected Payer Mix	FY_____ (Year 3) Projected Payer Mix
Medicare*	%	%	%	%
Medicaid* (includes other medical assistance)				
CHAMPUS and TriCare				
Total Government Payers				
Commercial Insurers*				
Uninsured				
Workers Compensation				
Total Non-Government Payers				
Payer Mix, %	**100**	**100**	**100**	**100**

*Includes managed care activity.

A.2. Please describe the impact of the proposal on the interests of consumers of health care services and the payers of such services.

B. Does the Applicant(s) have Tax Exempt Status? ☐ Yes ☐ No

C. Provide the following for the financial and statistical projections:

i) A summary of revenue, expense and volume statistics, without the CON project, incremental to the CON project, and with the CON project. See attached, Financial Attachment I.
Note: *The actual results for the fiscal year reported in the first column must agree with the Applicant's audited financial statements.*

ii) Please provide three years of projections of incremental revenue, expense, and volume statistics attributable to the proposal by payer. See attached, Financial Attachment II.

iii) The assumptions utilized in developing the projections (e.g., FTE's by position, volume statistics, other expenses, revenue and expense % increases, project commencement of operation date, etc.).

Note: *Include consideration of The Deficit Reduction Act of 2005 and the reduction of Medicaid and Medicare reimbursements in the development of the financial projections.*

iv) An explanation for any projected incremental losses from operations contained in the financial projections that result from the implementation and operation of the CON proposal.

v) Provide a copy of the rate schedule for the proposed service.

vi) Describe how this proposal is cost effective.

OFFICE OF HEALTH CARE ACCESS

REQUEST FOR NEW CERTIFICATE OF NEED

FILING FEE COMPUTATION SCHEDULE

APPLICANT: _____ PROJECT TITLE: _____ DATE: _____	FOR OHCA USE ONLY: DATE INITIAL 1. Check logged (Front desk) _____ _____ 2. Check rec'd (Clerical/Cert.) _____ _____ 3. Check correct (Superv.) _____ _____ 4. Check logged (Clerical/Cert).) _____ _____

SECTION A – NEW CERTIFICATE OF NEED APPLICATION	
1. Check statute reference as applicable to CON application (see statute for detail): _____ 19a-638.Additional function or service, change of ownership, service termination. **No Fee Required.** _____ 19a-639 Capital expenditure exceeding $3,000,000, or capital expenditure exceeding $3,000,000 for major medical equipment, or CT scanner, PET scanner, PET/CT scanner, MRI scanner, cineangiography equipment or linear accelerator. **Fee Required.** _____ 19a-638 and 19a-639. **Fee Required.** 2. Enter $0 on "Total Fee Due" line (SECTION B) if application is required pursuant to Section 19a-638 only, otherwise go on to line 3 of this section. 3. Enter $400 on "Total Fee Due" line (SECTION B) if application is for capital expenditure for major medical equipment, imaging equipment or linear accelerator less than $3,000,000 4. Section 19a-639 fee calculation (applicable if section 19a-639 capital expenditure for major medical equipment, imaging equipment or linear accelerator exceeding $3,000,000 or other capital expenditure exceeding $3,000,000 is checked above **OR** if both 19a-638 and 19a-639 are checked): a. Base fee: _____ b. Additional Fee: (Capital Expenditure Assessment)_____ (To calculate: Total requested Capital Expenditure/Cost excluding capitalized financing costs multiplied times .0005 and round to nearest dollar.) ($_____ x .0005) c. Sum of base fee plus additional fee: (Lines A4a + A4b)_____ d. Enter the amount shown on line A4c. on "Total Fee Due" line (SECTION B).	$ 1,000.00 $_____.00 $_____.00
SECTION B TOTAL FEE DUE: _____	$_____.00

ATTACH HERE CERTIFIED OR CASHIER'S CHECK ONLY (Payable to: Treasurer, State of Connecticut)

GENERAL AFFIDAVIT

Applicant: _____

Project Title: _____

I, _____, _____
(Name) (Position – CEO or CFO)

of _____ being duly sworn, depose and state that the (Facility Name) said facility complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

_____ _____
Signature Date

Subscribed and sworn to before me on_____

_____

Notary Public/Commissioner of Superior Court

My commission expires: _____

11. C (i). Please provide one year of actual results and three years of projections of **Total Facility** revenue, expense and if applicable, volume statistics without, incremental to and with the proposal in the following reporting format:

Total Facility: Description	FY Actual Results	FY Projected W/out Project	FY Projected Incremental	FY Projected With Project	FY Projected W/out Project	FY Projected Incremental	FY Projected With Project	FY Projected W/out Project	FY Projected Incremental	FY Projected With Project
Revenue from Operations				$0			$0			$0
Non-Operating Revenue				$0			$0			$0
Total Revenue:	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Operating Expenses				$0			$0			$0
Income before provision for income taxes	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Provision for income taxes				$0			$0			$0
Net Income	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Retained earnings, beginning of year		$0	$0	$0	$0	$0	$0	$0	$0	$0
Retained earnings, end of year	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Volume Statistics:										
Outpatient										

131 C. ii Please provide three years of projections of incremental revenue, expense and volume statistics **attributable to the proposal** in the following reporting format:

Type of Service Description									
Type of Unit Description:									
# of Months in Operation									
FY _____ (Year _)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
FY Projected Incremental		Rate	Units	Gross	Allowances/	Charity	Bad	Net	Operating	Gain/(Loss)
Total Incremental Expenses:				Revenue	Deductions	Care	Debt	Revenue	Expenses	from Operations
				Col. 2 * Col. 3				Col.4 - Col.5	Col. 1 Total *	Col. 8 - Col. 9
Total Facility by Payer Category:								-Col.6 - Col.7	Col. 4 / Col. 4 Total	
Medicare				$0				$0	$0	$0
Medicaid		$0		$0				$0	$0	$0
CHAMPUS/TriCare		$0		$0				$0	$0	$0
Total Governmental			0	$0	$0	$0	$0	$0	$0	$0
Commericial Insurers		$0	5	$0				$0	$0	$0
Uninsured		$0	2	$0				$0	$0	$0
Total NonGovenrment		$0	7	$0	$0	$0	$0	$0	$0	$0
Total All Payers		$0	7	$0	$0	$0	$0	$0	$0	$0