



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

Certificate of Need Equipment Replacement Notification Form

Pursuant to 19a-638(b)(18), an existing imaging equipment may be replaced, if such equipment was acquired through certificate of need approval or a certificate of need determination, provided a health care facility, provider physician or a person notifies OHCA of the date on which the equipment is replaced and the disposition of the replaced equipment.

Please complete the following:

Provider Name & Address:	Meriden Imaging Center, Inc. d/b/a Radiology Associates, Inc. 101 North Plains Industrial Road Wallingford, Ct 06492
Name and description of the equipment to be replaced:	General Electric Hispeed Ct/I Model # 46-296300G4
Docket or Report number of the CON authorization of the existing imaging equipment being replaced:	08-31105-DTR
Address of the existing imaging equipment:	98 Main Street -Southington, CT 06489
Name and description of the replacement equipment:	GE Low Dos 64 slice VCT
Location where replacement equipment will be operated:	462 Queen Street-Southington, CT 06489
The date the replaced equipment was replaced:	04/01/2017
The disposition of the replaced equipment	Trade In

Person Completing the form: Gary J. Dee, M.D., President

Name

Title

Signature

Date

An Equal Opportunity Employer

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308

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