



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:	Greenwich Hospital 5 Perryidge Road Greenwich, CT
Name and description of the equipment to be replaced:	MRI Scanner - Siemens Espree MRI (1.5T)
Docket or Report number of the CON authorization of the existing imaging equipment being replaced:	Docket Number 08-31242-WVR
Address of the existing imaging equipment:	2015 West Main Street Stamford, CT
Name and description of the replacement equipment:	Siemens MRI Scanner - Magnetom Skyra (3.0T)
Location where replacement equipment will be operated:	260 Long Ridge Road Stamford, CT
The date the replaced equipment was replaced: (Does this mean the proposed date of install and new operations)	August of 2016
The disposition of the replaced equipment	Disposal and removal from site.

Person Completing the form: Ralph Scambato, Program Director, Radiology

Signature: Date: 2/3/2016