



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:   | Jefferson Radiology, P.C.  |
| Name and description of the equipment to be replaced:  | GE Goldseal NXI Pro CT Scanner   |
| Docket or Report number of the CON authorization of the existing imaging equipment being replaced: | 09-31459-DTR<br>Jefferson Radiology, P.C.  |
| Address of the existing imaging equipment:   | 85 Seymour St. Suite 200<br>Hartford, CT 06106   |
| Name and description of the replacement equipment:   | GE Optima CT660<br>64 Slice CT Scanner   |
| Location where replacement equipment will be operated:   | 399 Farmington Ave. Farmington, CT 06032   |
| The date the replaced equipment was replaced:  | April 1, 2013  |
| The disposition of the replaced equipment  | Sold to Medexchange<br>127 Ramah Circle, Agawam, MA 01001<br>Medexchange sold it out of the U.S. |

Person Completing the form: Ethan B. Foxman, MD , President & CEO

Name Ethan B. Foxman Title \_\_\_\_\_  
Signature [Handwritten Signature] Date 4/3/2013

*An Equal Opportunity Employer*  
410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308  
Telephone: (860) 418-7001 Toll-Free: 1-800-797-9688  
Fax: (860) 418-7053