



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:	Lawrence + Memorial Hospital 365 Montauk Avenue New London, CT
Name and description of the equipment to be replaced:	Excite 1.5T MR
Docket or Report number of the CON authorization of the existing imaging equipment being replaced:	01-562
Address of the existing imaging equipment:	52 Hazelnut Hill Road, Groton CT 06340
Name and description of the replacement equipment:	MR750W Gem 3.0T Discovery
Location where replacement equipment will be operated:	52 Hazelnut Hill Road, Groton CT 06340
The date the replaced equipment was replaced:	7/18/15
The disposition of the replaced equipment	Equipment returned to GE

Person Completing the form: Shraddha Patel, Director, Planning
 Name Title
[Signature], 8/28/15
 Signature Date