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# Fax

To: State of CT - DPH

Date: 1-20-15

From: RADIOLOGY Group PC

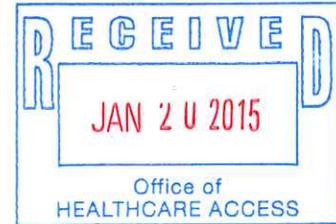
Total Pages: 2

*certificate of need equipment*

*Replacement NOTIFICATION FORM*

*(Report# 05-30496-DTR)*

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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:	RADIOLOGY GROUP PC
Name and description of the equipment to be replaced:	6 BUSINESS PARK DR. BRANFORD, CT 06405 HI SPEED CT/E DUAL CT SCANNER
Docket or Report number of the CON authorization of the existing imaging equipment being replaced:	05-30496-DTR
Address of the existing imaging equipment:	6 BUSINESS PARK DR BRANFORD, CT 06405
Name and description of the replacement equipment:	TOSHIBA AQUILION 16 CT SCANNER
Location where replacement equipment will be operated:	6 BUSINESS PARK DR BRANFORD, CT 06405
The date the replaced equipment was replaced:	1-16-2015
The disposition of the replaced equipment	TOSHIBA TOOK FOR TRADE IN

Person Completing the form: LINDA R. MILICI, MD RADIOLOGIST  
Name Title  
Signature Date  
Linda R. Milici, MD 1-20-15  
OWNER