

A. Original Equipment Information

Brand Name: _____

Type of Equipment (ex.: 64 Slice CT) _____

Date Equipment Acquired: _____ Other Information (ex.: Serial Number): _____

Cost of Equipment: _____ Expected Useful Life (years): _____

B. Replacement/Upgraded Equipment Information

Brand Name: _____

Type of Equipment (ex.: 64 Slice CT) _____

Software Upgrade Enhancements: (If software only) _____

Date Equipment Acquired: _____ Other Information (ex.: Serial Number): _____

Owned or Leased: _____ Leased By Whom: _____

Fixed or Mobile Unit: _____ Number of Days Per Week If Mobile: _____

Cost of Equipment: _____ Expected Useful Life (yrs): _____

I hereby certify that this information is true to the best of my knowledge, information and belief, and that supplemental written notification will be filed with the Tennessee Health Services and Development Agency in the event of any change in the information given in this report.

Signature

Date