

# Freedom of Information Request

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Reference Number: [EPUT.FOI.18.763](#)  
Date Received: [20 September 2018](#)

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## Information Requested:

Please complete the below questions the attached spreadsheet.

1. Please can you provide the following information for each piece of Dental X-Ray equipment within the Trust or associated sites?
    - a. Manufacturer
    - b. Model
    - c. Location - Hospital Name or Site Name
    - d. Department equipment is primarily used in
    - e. Method of Finance at Procurement (Trust/Lease/MES/Charity/PFI)
    - f. Initial cost of Equipment
    - g. Annual Maintenance cost
    - h. Acquisition Date
    - i. Planned Replacement Date
  
  2. Please can you provide the following information for each Cone Beam CT Imaging equipment within the Trust or associated sites?
    - a. Manufacturer
    - b. Model
    - c. Location – Hospital Name or Site Name
    - d. Department equipment is primarily used in
    - e. Method of Finance at Procurement (Trust/Lease/MES/Charity/PFI)
    - f. Initial cost of Equipment
    - g. Annual Maintenance cost
    - h. Acquisition Date
    - i. Planned Replacement Date
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## Response:

The Trust does not provide Dentistry Services within EPUT and is therefore unable to provide a response.