**Service Form**

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| **Date:** | Oct 23 |
| **Time:** | 10 to11 |
| **Clinic/Hospital:** | Burlington cardiology |
| **Department:** | Us |
| **Address:** | Burlington |
| **Phone:** | 9053338972 |
| **Contact Person:** | Lorrie |
| **System & Quantity:** | IU22 |
| **Warranty/ Bill:** | Contract |
| **Other Information:** | Key board doesnt Work intermittently |