**Service Form**

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| **Date:** | Dec-10 |
| **Time:** | 1 30 to 4 30 |
| **Clinic/Hospital:** | Burlington cardiology |
| **Department:** | Us |
| **Address:** | Burlington |
| **Phone:** | Na |
| **Contact Person:** | Lora |
| **System & Quantity:** | IE33 |
| **Warranty/ Bill:** | Service contract |
| **Other Information:** | System displays error 200 intermittently |