**Service Form**

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| **Date:** | September 24, 2019 |
| **Time:** | 12:00 |
| **Clinic/Hospital:** | Caledonia X-Ray and US |
| **Department:** |  |
| **Address:** | 48 Argyle St S, Caledonia, ON N3W 1K7 |
| **Phone:** |  |
| **Contact Person:** |  |
| **System & Quantity:** | HD15 |
| **Warranty/ Bill:** | Bill |
| **Other Information:** | Installation of control panel |