**Service Form**

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| **Date:** | Dec 18 |
| **Time:** | 10 am-4 pm |
| **Clinic/Hospital:** | EXR Harwood |
| **Department:** |  |
| **Address:** | 601 Harwood, Ajax |
| **Phone:** |  |
| **Contact Person:** | Saumay |
| **System & Quantity:** | HS70 |
| **Warranty/ Bill:** | Warranty |
| **Other Information:** | DICOM ST |