**Service Form**

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| **Date:** | Dec 12-2019 |
| **Time:** | 14:00 |
| **Clinic/Hospital:** | GNMI |
| **Department:** |  |
| **Address:** | 7885 Mcleod Rd., Niagara Falls. ON. L2M 5V4 |
| **Phone:** |  |
| **Contact Person:** | Jen |
| **System & Quantity:** | Vivid S6 |
| **Warranty/ Bill:** | Bill |
| **Other Information:** | System shows No Archive error. |