**Service Form**

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| **Date:** | 16 Jan 2020 |
| **Time:** | 10:00 |
| **Clinic/Hospital:** | Gam X-Ray |
| **Department:** |  |
| **Address:** | 18 Kensington Rd, Brampton, ON |
| **Phone:** |  |
| **Contact Person:** |  |
| **System & Quantity:** | N/A |
| **Warranty/ Bill:** | Bill |
| **Other Information:** | Setup the Dicom for the machine Albert will bring from another location |