**Service Form**

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| **Date:** | 12/12/2019 |
| **Time:** | 9:00 |
| **Clinic/Hospital:** | Humber Valley Imaging |
| **Department:** |  |
| **Address:** | 2401 Yonge Street |
| **Phone:** |  |
| **Contact Person:** |  |
| **System & Quantity:** | RS80A |
| **Warranty/ Bill:** | Warranty service |
| **Other Information:** | Run the log error for warranty purpose |