**Service Form**

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| **Date:** | November 29, 2019 |
| **Time:** | 11:30 |
| **Clinic/Hospital:** | InFocus |
| **Department:** |  |
| **Address:** | 3420 Hurontraio St. |
| **Phone:** |  |
| **Contact Person:** | James |
| **System & Quantity:** | HD11XE |
| **Warranty/ Bill:** | Bill |
| **Other Information:** | Replace power supply |