**Service Form**

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| **Date:** | Friday Dec 13 |
| **Time:** | All day |
| **Clinic/Hospital:** | Kingston imaging services |
| **Department:** | U/s |
| **Address:** | 797 Princess St, \#422 |
| **Phone:** |  |
| **Contact Person:** | Maged |
| **System & Quantity:** | 2 HD11 and one HS70 |
| **Warranty/ Bill:** | Bill |
| **Other Information:** | PM |