**Service Form**

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| **Date:** | Friday Dec 6 |
| **Time:** | 10 am |
| **Clinic/Hospital:** | Med-scan |
| **Department:** |  |
| **Address:** | 2943 Major Mackenzie Dr, Maple, |
| **Phone:** |  |
| **Contact Person:** | Bala |
| **System & Quantity:** | 3 machines - RS80- Logiq 7 \& 9 |
| **Warranty/ Bill:** | Contract |
| **Other Information:** | PM |