**Service Form**

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| **Date:** | 24 Sep 2019 |
| **Time:** | 9:30am |
| **Clinic/Hospital:** | OMI Georgetown |
| **Department:** |  |
| **Address:** | Georgetown |
| **Phone:** |  |
| **Contact Person:** | Anilla |
| **System & Quantity:** | Machine sent some measurements values in pixel instead of cm |
| **Warranty/ Bill:** | Warranty |
| **Other Information:** | Check Dicom |