**Service Form**

|  |  |
| --- | --- |
| **Date:** | 19-12-2019 |
| **Time:** | 2 30 to 4 30 |
| **Clinic/Hospital:** | STL Mississauga |
| **Department:** | Us |
| **Address:** | Mississauga |
| **Phone:** | Na |
| **Contact Person:** | Danica |
| **System & Quantity:** | Logiq E |
| **Warranty/ Bill:** | Billable |
| **Other Information:** | System is not connected to network |