**Service Form**

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| **Date:** | Friday Dec 6 |
| **Time:** | 12-1 pm |
| **Clinic/Hospital:** | Scan diag |
| **Department:** | Cardiac |
| **Address:** | Scan Diagnostics located at 3030 Lawrence E. Suite 303. We are in the medical building attached to Scarborough Gen. Hospital. |
| **Phone:** |  |
| **Contact Person:** | Michelle |
| **System & Quantity:** | E9 |
| **Warranty/ Bill:** | Free |
| **Other Information:** | Inspection for service contract |