**Service Form**

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| **Date:** | Jan 9th , Thursday |
| **Time:** | After 1 pm |
| **Clinic/Hospital:** | Toronto Ultrasound imaging |
| **Department:** |  |
| **Address:** | 208 Bloor St W, Toronto , \#711 |
| **Phone:** | 416-921-1333 |
| **Contact Person:** | Alina |
| **System & Quantity:** | HS70 and H60 |
| **Warranty/ Bill:** | Billable |
| **Other Information:** | Please do PM on hs70 first then on H60 |