**Service Form**

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| **Date:** | Today |
| **Time:** | Afternoon |
| **Clinic/Hospital:** | Ultrasound |
| **Department:** |  |
| **Address:** | 3400 Danforth Ave E, unit 6 |
| **Phone:** | 416-816-0112 |
| **Contact Person:** | Dr. Kroach |
| **System & Quantity:** | Aloka 3500 |
| **Warranty/ Bill:** | Billable |
| **Other Information:** | Repair- the machine doesnt finish the boot |