**Service Form**

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| **Date:** | Oct 16 |
| **Time:** | 10 am |
| **Clinic/Hospital:** | VPM imaging |
| **Department:** | U/s |
| **Address:** | 520 Ellesmere Road Lower Level Toronto |
| **Phone:** |  |
| **Contact Person:** | Korona |
| **System & Quantity:** | 2 HD11 |
| **Warranty/ Bill:** | Billable |
| **Other Information:** | PM/QA and replacing video card- machine shuts down and show no signal power output |