**Service Form**

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| **Date:** | Monday Dec 23 |
| **Time:** | 12-4 |
| **Clinic/Hospital:** | Whitby Xray and Ultrssound |
| **Department:** |  |
| **Address:** | 3050 Garden St, unit 109 , Whitby |
| **Phone:** | 9054933775 |
| **Contact Person:** | Sekhar |
| **System & Quantity:** | HS60 |
| **Warranty/ Bill:** | Warranty |
| **Other Information:** | Installation and trainig |