**Service Form**

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| **Date:** | Jan 10,2020 |
| **Time:** | 1030am |
| **Clinic/Hospital:** | Women\'s College Hospital |
| **Department:** | Diagnostic Imaging/Ultrasound |
| **Address:** | 76 Grenville Street |
| **Phone:** | 416-323-6400 |
| **Contact Person:** | Marina Andric |
| **System & Quantity:** | RS85A |
| **Warranty/ Bill:** | Free of Charge |
| **Other Information:** | Networking for Demo |