**Service Form**

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| **Date:** | Oct 28 |
| **Time:** | 10:00 |
| **Clinic/Hospital:** | Infocus Medical |
| **Department:** |  |
| **Address:** | 2065 Finch Ave |
| **Phone:** |  |
| **Contact Person:** | James |
| **System & Quantity:** | HD11XE |
| **Warranty/ Bill:** | Bill |
| **Other Information:** | Internal error. Starting with software and power supply |