

# HMAUS HI Touch Learning Clinic

## Support Worksheet

<b>Date:</b>	
<b>Name:</b>	
<b>HMAUS Member:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe the Request (hardware issue, software issue, how-to, other problems):

Describe the Equipment or Software (model, device name, application version):

Problem Analysis and Diagnosis:

Recommendation(s):