

Dental Products

Warranty Registration

To register your warranty, please complete the information below and fax form to Midmark Customer Service at 1-877-725-6495. For more information, please contact Midmark Customer Service at 1-800-MIDMARK or visit midmark.com.

Product Information

Product Name: _____

Serial Number: _____

Installation Date: _____

Contact Information

Physician Name (first & last) or Name of Facility _____

Contact Name (first & last) _____

Business Address _____ Suite _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

Phone (area code) _____

Fax (area code) _____

Email Address _____