

# Medical Products

## Warranty Registration

To register your warranty, please complete the information below and fax form to Midmark Customer Service at 1-800-365-8631. For more information, please contact Midmark Customer Service at 1-800-MIDMARK or visit [midmark.com](http://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 \_\_\_\_\_