

*dms-service llc appreciates all customer feedback regarding our products and services. Please complete the form below if you wish to share your experiences with us. You will receive an acknowledgement of our receipt of your information.*

Facility:

Street Address:

City:

State/Province:

Country:

Customer First Name:

Customer Last Name:

Customer Phone Number:

Customer Email Address:

Product(s)/ Service Involved:

Please Describe the Issue:

Was a patient injured as a result of this situation?

Are you a dms-service Authorized Distributor?