



# RECORDS REQUEST

Fax this completed form to: 866-241-0051

**CASE NAME:** PLAINTIFF VS. DEFENDANT

**ORDERED BY:**

**CLIENTS ACCOUNT NO:**

**OPPOSING COUNSEL(S) TO NOTIFY:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Court Case No. \_\_\_\_\_

Name of Court: \_\_\_\_\_

County of: \_\_\_\_\_

Firm Name & Address:

\_\_\_\_\_

\_\_\_\_\_

Attorney: \_\_\_\_\_

File Number: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Date Ordered \_\_\_\_\_ Date Needed \_\_\_\_\_

Representing: \_\_\_\_\_ Defendants \_\_\_\_\_ Plaintiff / Applicant

Send Invoice To:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RECORDS OF:**

\_\_\_\_\_ *First* \_\_\_\_\_ *Middle* \_\_\_\_\_ *Last*

Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Date Of \_\_\_\_\_ Hospital  
Treatments: \_\_\_\_\_ Date Of Accident: \_\_\_\_\_ Admission: \_\_\_\_\_

OTHER IDENTIFYING INFORMATION \_\_\_\_\_

**All Medical Records**       **All Employment Records**       **Insurance Records**  
**SERVE ENCLOSED SDT**     **PREPARE AND SERVE SDT**     **AUTHORIZATION ATTACHED**     **OTHER**

Addition Notes:

DELIVER EXTRA SET OF RECORDS TO:

<input type="checkbox"/> No Omissions//Omit:	Nurses Notes <input type="checkbox"/>	Lab Reports <input type="checkbox"/>	Temperature charts <input type="checkbox"/>
<input type="checkbox"/> <b>Number Of sets</b>	Medication & Prescriptions <input type="checkbox"/>	Original X-Rays Required <input type="checkbox"/>	Billing <input type="checkbox"/>

**RECORD LOCATION(S)**

**NAME - ADDRESS**

**PHONE**

RECORD LOCATION(S)	NAME - ADDRESS	PHONE
1.		
2.		
3.		
4.		

FOR ADDITIONAL LOCATIONS PLEASE ATTACH SEPARATE SHEET