

P.O. Box 549
Concord, CA 94522
(925) 363-3499
Fax (925) 825-3355
www.sharplegalimaging.com

Date Ordered: _____
Priority: Rush Normal
Date Needed: _____

ORDERED BY	
Firm Name:	
Atty/SBN:	
Address:	
City, State, Zip:	
Phone:	
Fax:	
Email:	
Contact Person:	
Your Client: Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/>	

BILLING INFORMATION	
Carrier Name:	
Adjuster:	
Address:	
City, State, Zip:	
Phone:	
Fax:	
Email:	
Contact Person:	

CASE INFORMATION	
Plaintiff:	
AKA:	
DOB:	
SSN:	
Defendant:	
Court:	
Case No.:	
File/Claim No.:	

OPPOSING PARTY	
Firm Name:	
Attorney:	
Address:	
City, State, Zip:	
Phone:	
Fax:	
Email:	
Contact Person:	
SEE ATTACHED LIST OF ADDITIONAL PARTIES <input type="checkbox"/>	

LOCATIONS

Location Name:	
Address:	
City, State, Zip:	
Phone:	
Medical Record, Case or File #:	
Record Type(s): (select) (select) (select)	
Subpoena <input type="checkbox"/> Authorization <input type="checkbox"/>	

Location Name:	
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Subpoena <input type="checkbox"/> Authorization <input type="checkbox"/>	

ADDITIONAL LOCATIONS ATTACHED

ADDITIONAL INFORMATION/INSTRUCTIONS:

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