

Date Ordered: \_\_\_\_\_ Date Needed: \_\_\_\_\_ Priority: ☐ Rush ☐ Normal

**REQUESTING PARTY INFORMATION**

Ordered By: \_\_\_\_\_ Attorney: \_\_\_\_\_ SBN: \_\_\_\_\_  
Firm Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
File No: \_\_\_\_\_ Client: ☐ Plaintiff ☐ Defendant ☐ Other

**CASE INFORMATION**

Plaintiff: \_\_\_\_\_ Defendant: \_\_\_\_\_  
Case No.: \_\_\_\_\_ DOI/DOL: \_\_\_\_\_  
Claim No.: \_\_\_\_\_ County/Branch: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Judicial District: ☐ WCAB ☐ SUP ☐ MUNI ☐ FED ☐ ARB Arbitrator: \_\_\_\_\_

**BILLING & INSURANCE INFORMATION**

**OPPOSING PARTY INFORMATION**

Same as Ordered By: ☐ Attorney: \_\_\_\_\_  
Insurance Co.: \_\_\_\_\_ Firm: \_\_\_\_\_  
Adjuster: \_\_\_\_\_ Address: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Email: \_\_\_\_\_ Represents: \_\_\_\_\_

**RECORDS PERTAINING TO**

Name: \_\_\_\_\_ AKA: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**LOCATIONS**

Location Name: \_\_\_\_\_ Location Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Medical Record/Case/File #: \_\_\_\_\_ Medical Record/Case/File #: \_\_\_\_\_  
Record Type(s): ☐ Subpoena ☐ Authorization Record Type(s): ☐ Subpoena ☐ Authorization

☐ Printed ☐ CD ☐ Medical Record  
Records ☐ E-Mail Review / Summary

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Location Name: \_\_\_\_\_ Location Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
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Location Name: \_\_\_\_\_ Location Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Medical Record/Case/File #: \_\_\_\_\_ Medical Record/Case/File #: \_\_\_\_\_  
Record Type(s): ☐ Subpoena ☐ Authorization Record Type(s): ☐ Subpoena ☐ Authorization

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☐ Additional  
Information Attached: \_\_\_\_\_