

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

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

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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City, State, Zip: _____ City, State, Zip: _____
Phone: _____ Fax: _____ Phone: _____ Fax: _____
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☐ Printed ☐ CD ☐ Medical Record
Records ☐ E-Mail Review / Summary

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Records ☐ E-Mail Review / Summary

☐ Additional
Information Attached: _____