

CLIENT & BILLING INFORMATION

Order Date: _____ Required Date: _____ Ordered By: Attorney Firm Carrier
Regular Rush Send Invoice To: Attorney Firm Carrier
Attorney's Name: _____ SBN: _____ Carrier Name: _____
Firm Name: _____ Adjustor Name: _____
Address: _____ Address: _____
Phone: () _____ Fax: () _____ Phone: () _____ Fax: () _____
Email Address: _____ Email Address: _____
File #: _____ Contact Person: _____ Claim File Number: _____
Firm Represents: Plaintiff Defendant Name _____ Date of Loss: _____

SUBPOENA INFORMATION

Case Caption _____ Opposing Counsel: _____
vs. _____ Address: _____
Case Number: _____
 List of Additional Counsel (Service List) Attached.
Prepare Subpoena: Civil Federal Arbitration
Type of Subpoena: Trial Records Deposition
Personal Appearance With Records Mail to Court
Hostile? Y/N _____ OK to Sub-serve? Y/N _____ On Call? Y/N _____
Court Address: _____
District: _____ County: _____
Judge/Arbitrator: _____
Date: _____ Time: _____

COPY RECORDS PERTAINING TO:

Name: _____
AKA: _____
Birthdate: ___/___/___ Social Security #: _____

SEND COPIES TO:

Carrier: _____ Paper _____ CD _____ Download
Attorney Firm: _____ Paper _____ CD _____ Download
Other: _____ Paper _____ CD _____ Download
Other: Please Provide Address

SERVE/COPY RECORDS AT:

		Record Codes/ Limit Records	Order Medical Synopsis?
1. Location _____ Address _____	Phone () _____	Codes: _____ Limit Dates: _____	Medical Synopsis? Injury-Focused? Condensed?
2. Location _____ Address _____	Phone () _____	Codes: _____ Limit Dates: _____	Medical Synopsis? Injury-Focused? Condensed?
3. Location _____ Address _____	Phone () _____	Codes: _____ Limit Dates: _____	Medical Synopsis? Injury-Focused? Condensed?

Additional Locations Attached Special Instructions: _____

RECORD CODES

MEDICAL RECORDS

- M - Medical Records
- B - Medical Billing
- R - Film Reports
- P - Psychiatric Records
- S - Sign-in Sheets

FILMS

- D - Digital Imaging
(Includes X-Rays,
MRI's & CT Scans)

EMPLOYMENT

- E - Employment Records
- Y - Payroll Records

OTHER

- A - Academic Records
- I - Insurance Records
- T - Court File
- W - WCAB File
- H - Ambulance

O - Other _____

SEND MORE: Forms Envelopes