

P.O. Box 90459

P - Psychiatric Records

S - Sign-in Sheets

Workers' Compensation Request

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CLIENT & BILLING INFORMATION Carrier Required Date: _____ Ordered By: Attorney Order Date: __ Regular Rush (\$25 Extra per Location) Send Invoice To: Attorney Carrier Carrier Name: _ Attorney's Name: ___ Adjustor Name: _____ Firm Name: _ Address: Address: __) _____ Fax: ()_____ Fax: (Phone: (Date of Loss: Claim File #: _____ Contact Person: _____ Email Address: Email Address: SUBPOENA INFORMATION Applicant Attorney/Pro-Per: Case Caption: ___ VS. _ Address: WCAB Case Number: ___ Email Address: □ SUBPOENA: □ Records Only □ Trial or □ Deposition - Appear Only Appearance Address: ☐ Trial ☐ Deposition Appear with Records Hostile Witness? Y/N ___ Judge: Date: ☐ AUTHORIZATION Expiration Date ___ **COPY RECORDS PERTAINING TO:** SEND COPIES TO: Paper CD Download Name: ___ Defense Attorney: Paper ____ CD ____ Download __ Paper ____ CD __ Applicant Attorney: Download AKA: __ Paper ____ CD ____ Download Date of Birth: ___ ☐ Other Social Security Number: ____ Other Address: ____ SERVE/COPY RECORDS AT: Record Codes/ Order Limit Dates Medical Synopsis? Medical Synopsis? 1. Location: Phone Number: (Codes: Injury-Focused? Limit Dates:____ Condensed? Address: ___ Medical Synopsis? Codes:___ 2. Location: ___ Phone Number: (Injury-Focused? Condensed? Limit Dates: Address: ___ Medical Synopsis? Phone Number: (Codes:_ 3. Location: ___ Injury-Focused? Limit Dates:___ Condensed? Address: _ ☐ Additional Locations Attached Special Instructions: ___ **RECORD CODES** SEND MORE: Forms □ Envelopes □ MEDICAL RECORDS **FILMS OTHER** M - Medical Records D - Digital Imaging (X-Rays, CTScans, MRIs) A - Academic Records I - Insurance Records B - Medical Billing T - Court File W - WCAB File H - Ambulance Records R - Film Reports **EMPLOYMENT**

E - Employment Records Y - Payroll Records

O - Other___