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Workers' Compensation Request
Order Online at www.macropro.com

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P.O. Box 90459
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CLIENT & BILLING INFORMATION

Order Date: Required Date: Ordered By: Attorney Carrier
Regular Rush Super Rush (\$50 Extra per Location) Send Invoice To: Attorney Carrier
Attorney's Name: Carrier Name:
Firm Name: Adjustor Name:
Address: Address:
Phone: Fax: Phone: Fax:
File #: Contact Person: Claim File #: Date of Loss:
Email Address: Email Address:

SUBPOENA INFORMATION

Case Caption: Applicant Attorney/Pro-Per:
vs. Address:
WCAB Case Number: Appearance Address:
SUBPOENA: Records Only Trial or Deposition - Appear Only
Trial or Deposition Appear with Records Hostile Witness? Y/N
AUTHORIZATION - Expiration Date Judge: Date: Time:

COPY RECORDS PERTAINING TO:

Name:
AKA:
Date of Birth:
Social Security Number:

SEND COPIES TO:

Carrier: Paper CD Download
Defense Attorney: Paper CD Download
Applicant Attorney: Paper CD Download
Other : Paper CD Download
Other Address:

SERVE/COPY RECORDS AT:

Table with 4 rows for location information and columns for Record Codes (Limit Dates, Yes, No).

Additional Locations Attached

Special Instructions:

RECORD CODES

Table with 4 columns: MEDICAL RECORDS, FILMS, EMPLOYMENT, OTHER. Includes sub-sections like SEND MORE: Forms, Envelopes.