

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 | Medical Summary? |
|-------------------|-----------------|--------------------------------|------------------------------|
| 1. Location _____ | Phone () _____ | Codes: _____ | Yes <input type="checkbox"/> |
| Address _____ | | Limit Dates: _____ | |
| 2. Location _____ | Phone () _____ | Codes _____ | Yes <input type="checkbox"/> |
| Address _____ | | Limit Dates: _____ | |
| 3. Location _____ | Phone () _____ | Codes _____ | Yes <input type="checkbox"/> |
| Address _____ | | Limit Dates: _____ | |

Additional Locations Attached Special Instructions: _____ **SEND MORE: Forms Envelopes**

MEDICAL RECORDS

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

FILMS

- X - X-rays
- Q - MRI's
- Z - CT Scans

EMPLOYMENT

- E - Employment Records
- Y - Payroll Records

OTHER

- A - Academic Records
- I - Insurance Records
- T - Court File
- W - WCAB File
- D - EDEX Report
- O - Other _____