



P.O. Box 90459  
Long Beach, CA 90809-0459

Workers' Compensation Request  
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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: ( ) \_\_\_\_\_  
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: \_\_\_\_\_  
 SUBPOENA:  Records Only  Trial or  Deposition - Appear Only  
 Trial  Deposition Appear with Records Hostile Witness? Y/N \_\_\_\_\_  
Appearance Address: \_\_\_\_\_  
 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:**

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

Additional Locations Attached **Special Instructions:** \_\_\_\_\_

**RECORD CODES**

SEND MORE: Forms  Envelopes

MEDICAL RECORDS

FILMS

OTHER

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

- X - X-rays
- Q - MRI's
- Z - CT Scans
- EMPLOYMENT
- E - Employment Records
- Y - Payroll Records

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