USA EXPRESS®
Legal & Investigative Services Inc.
Your Complete Legal Support Center™

RECORDS REQUEST **FAX 800.861.5311** **RUSH** **Date____/____/______**

1. Contact Person: ______________________	2. Firm: ______________________
Address: ______________________	Handling Attorney/Adjuster: ______________________
Client/Insured: ______________________	Address: ______________________
Policy/File No: ______________________	Phone: ______________________
Date of Incident: ______________________	Records Pertain To: ______________________
Firm File No: ______________________ BILLING INFORMATION	Court Case No: ______________________

Deliver to: [ ] 1 [ ] 2 [ ] Other______________________

Date Requested: ______________________Date Required: ______________________IME Date: ______________

Case Name: ______________________Court: ______________________

Court Address: ______________________

Representing Client/Respondent: ______________________

Record Pertain to: ______________________Date of Birth ______________SS# ______________________

[ ] SDT RE DEPOSITION
[ ] SDT MEDICAL RECORDS
[ ] SDT FOR TRIAL
[ ] SDT FOR ARBITRATION
[ ] AUTHORIZATION

[ ] PERSONAL APPEARANCE
[ ] PERSONAL APPEARANCE WITH RECORDS
[ ] RECORDS TO TRIAL / ARB
DATE: TIME: DIV / DEPT:

[ ] CLINIC OBSERVATION REPORT ($45)

Other Counsel:

Name: ______________________

Address: ______________________Phone: ______________________

Special Instructions: ______________________

Furnish _____set(s) of records Billings Duplicate X-Rays /MRI/CTs Transcribe (illegible hand written notes)

Locations: Name Address

1. ______________________ [ ] Medical
   ______________________ [ ] Employment
   [ ] ________
2. ______________________ [ ] Medical
   ______________________ [ ] Employment
   [ ] ________
3. ______________________ [ ] Medical
   ______________________ [ ] Employment
   [ ] ________
4. ______________________ [ ] Medical
   ______________________ [ ] Employment
   [ ] ________
5. ______________________ [ ] Medical
   ______________________ [ ] Employment
   [ ] ________
6. ______________________ [ ] Medical
   ______________________ [ ] Employment
   [ ] ________

USA EXPRESS - 20300 VENTURA BLVD., SUITE 290, WOODLAND HILLS, CA 91364 TOLL FREE: 1.877.872.3977
E-Mail: mail@usaexpressinc.com www.usaexpressinc.com

WORK AUTHORIZED BY: ______________________Date: ______________