

RECORDS REQUEST

FAX 800.861.5311

RUSH

Date / /

<p>1. Contact Person: _____ Address: _____ Client/Insured: _____ Policy/File No: _____ Date of Incident: _____ Firm File No: _____</p> <p style="text-align: center; color: red;">BILLING INFORMATION</p>	<p>2. Firm: _____ Handling Attorney/Adjuster: _____ Address: _____ Phone: _____ Records Pertain To: _____ Court Case No: _____</p>
--	---

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# _____

- | | |
|--|---|
| <input type="checkbox"/> SDT RE DEPOSITION | <input type="checkbox"/> PERSONAL APPEARANCE |
| <input type="checkbox"/> SDT MEDICAL RECORDS | <input type="checkbox"/> PERSONAL APPEARANCE WITH RECORDS |
| <input type="checkbox"/> SDT FOR TRIAL | <input type="checkbox"/> RECORDS TO TRIAL / ARB |
| <input type="checkbox"/> SDT FOR ARBITRATION | DATE: _____ TIME: _____ DIV / DEPT: _____ |
| <input type="checkbox"/> AUTHORIZATION | <input type="checkbox"/> 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. _____			<input type="checkbox"/> Medical <input type="checkbox"/> Employment <input type="checkbox"/> _____
2. _____			<input type="checkbox"/> Medical <input type="checkbox"/> Employment <input type="checkbox"/> _____
3. _____			<input type="checkbox"/> Medical <input type="checkbox"/> Employment <input type="checkbox"/> _____
4. _____			<input type="checkbox"/> Medical <input type="checkbox"/> Employment <input type="checkbox"/> _____
5. _____			<input type="checkbox"/> Medical <input type="checkbox"/> Employment <input type="checkbox"/> _____
6. _____			<input type="checkbox"/> Medical <input type="checkbox"/> Employment <input type="checkbox"/> _____

