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# RECORDS REQUEST ORDER FORM

| | | |
|---|---|---|
| | DATE: | |
| | FEES ATTACHED: | CHECK NUMBER: |
| | COURT: | CASE #: |
| ATTORNEY: | PLAINTIFF: | |
| ATTENTION: | DEFENDANT: | |
| FILE NO: | AUTHORIZATION ☐ CLIENTS SUBPOENA ☐ ACS SUBPOENA ☐ | |

| | | | | | |
|---|---|---|---|---|---|
| PATIENT NAME: | | | | | |
| DESIRED RECORDS: MEDICAL RECORDS ☐ BILLING RECORDS ☐ X-RAYS ☐ OTHER - SEE ATTACHED ☐ | | | | | |
| DATE OF INJURY (IF APPLICABLE) | | DOB: | | SS# | |

| | |
|---|---|
| (1) OPPOSING COUNSEL: | |
| ATTORNEY: | |
| PHONE #: | FAX #: |

| | |
|---|---|
| (2) OPPOSING COUNSEL: | |
| ATTORNEY: | |
| PHONE #: | FAX #: |

| | |
|---|---|
| (1) LOCATION OF RECORDS | |
| NAME: | CUSTODIAN OF RECORDS: |
| ADDRESS:<br><br>TELEPHONE: | RECORDS DESIRED: |
| (2) LOCATION OF RECORDS | |
| NAME: | CUSTODIAN OF RECORDS: |
| ADDRESS:<br><br>TELEPHONE: | RECORDS DESIRED: |