

# REPLICA

"YOUR LEGAL COPY SOLUTION"

FAX: 888-519-6028

## RECORDS REQUEST FORM

TEL: 888-519-6026

ORDER DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  STANDARD,  RUSH,  SAME DAY RUSH,  WCAB,  CIVIL

SUBPOENA FOR TRIAL  TRIAL DATE: \_\_\_\_\_

REQUESTING PARTY:	BILLING INFORMATION:
FIRM NAME:	CARRIER NAME:
ADDRESS:	ADDRESS:
ATTORNEY NAME:	ADJUSTER :
TELEPHONE	TELEPHONE::
FIRM FILE NUMBER:	CLAIM NUMBER:
CONTACT PERSON:	DATE(S) OF INJURY:

NAME OF PERSON RECORDS ARE REQUESTED	SUBPOENA INFORMATION
NAME (AKA):	CASE NUMBER:
SOCIAL SECURITY:	EMPLOYER :
DATE OF BIRTH:	

ORDER INSTRUCTIONS	OPPOSING COUNSEL INFORMATION:
SDT <input type="checkbox"/> AUTHORIZATION ATTACHED <input type="checkbox"/>	ATTORNEY NAME:
EMPLOYMENT <input type="checkbox"/> MEDICAL <input type="checkbox"/>	FIRM:
INSURANCE <input type="checkbox"/> BILLING <input type="checkbox"/> X-RAY FILM <input type="checkbox"/>	ADDRESS:
NUMBER OF COPIES: DOUBLE SIDED: <input type="checkbox"/> CD: <input type="checkbox"/>	TELEPHONE: ( ) FAX# ( )
FORWARD COPY TO:	<input type="checkbox"/> LIST OF ADDITIONAL COUNSEL ATTACHED:

LOCATIONS	LOCATIONS
LOCATION NAME: ADDRESS:	LOCATION NAME: ADDRESS:
TELEPHONE:	TELEPHONE:
LOCATION NAME:: ADDRESS:	LOCATION NAME: ADDRESS:
TELEPHONE:	TELEPHONE::

NOTES: