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Request Form

Order Date: _____ **Records Needed By:** _____ **RUSH SERVICE?** ☐ Yes ☐ No

Requested By: _____ Email: _____

Ordering Attorney

☐ **Plaintiff** ☐ **Defendent** _____
Your Name

_____
Attorney/Firm

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Notes: _____

Billing Information

_____
Firm Name / Carrier

Attorney / Adjuster: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Servicing Email: _____

Billing Email: _____

Case Style

_____

_____

_____

vs

_____

_____

_____

Cause No.: _____

Venue: _____

_____

Patient Information:

Name: _____

DOB: _____ _____

Date of Incident: _____

Scope/Time of Request: _____

_____

AKA: _____

Other:

Question Form Desired *(Select all that apply)*

☐ DWQ ☐ Affidavit ☐ Subpoena

Obtain Affidavit of No Record

☐ Yes ☐ No

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Attorney of Record

Firm/Attorney: ______ Representing: ______
Address: ______ City: ______ State: ______ Zip: ______
Phone: ______ Fax: ______ Email: ______

Firm/Attorney: ______ Representing: ______
Address: ______ City: ______ State: ______ Zip: ______
Phone: ______ Fax: ______ Email: ______

Firm/Attorney: ______ Representing: ______
Address: ______ City: ______ State: ______ Zip: ______
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Firm/Attorney: ______ Representing: ______
Address: ______ City: ______ State: ______ Zip: ______
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Firm/Attorney: ______ Representing: ______
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Firm/Attorney: ______ Representing: ______
Address: ______ City: ______ State: ______ Zip: ______
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Firm/Attorney: ______ Representing: ______
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Firm/Attorney: ______ Representing: ______
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Phone: ______ Fax: ______ Email: ______

Firm/Attorney: ______ Representing: ______
Address: ______ City: ______ State: ______ Zip: ______
Phone: ______ Fax: ______ Email: ______

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Obtain Records From

1. Facility Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Scope: _____

Select all that apply below:

☐ Medical ☐ Billing ☐ Radiology
☐ Phone ☐ Police ☐ Insurance Claim
☐ Employment/Payroll ☐ Other: _____
☐ Other: _____

2. Facility Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Scope: _____

Select all that apply below:

☐ Medical ☐ Billing ☐ Radiology
☐ Phone ☐ Police ☐ Insurance Claim
☐ Employment/Payroll ☐ Other: _____
☐ Other: _____

3. Facility Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Scope: _____

Select all that apply below:

☐ Medical ☐ Billing ☐ Radiology
☐ Phone ☐ Police ☐ Insurance Claim
☐ Employment/Payroll ☐ Other: _____
☐ Other: _____

4. Facility Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Scope: _____

Select all that apply below:

☐ Medical ☐ Billing ☐ Radiology
☐ Phone ☐ Police ☐ Insurance Claim
☐ Employment/Payroll ☐ Other: _____
☐ Other: _____

5. Facility Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Scope: _____

Select all that apply below:

☐ Medical ☐ Billing ☐ Radiology
☐ Phone ☐ Police ☐ Insurance Claim
☐ Employment/Payroll ☐ Other: _____
☐ Other: _____

6. Facility Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Scope: _____

Select all that apply below:

☐ Medical ☐ Billing ☐ Radiology
☐ Phone ☐ Police ☐ Insurance Claim
☐ Employment/Payroll ☐ Other: _____
☐ Other: _____

7. Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Scope: _____

Select all that apply below:

☐ Medical ☐ Billing ☐ Radiology

☐ Phone ☐ Police ☐ Insurance Claim

☐ Employment/Payroll ☐ Other: _____

☐ Other: _____

8. Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Scope: _____

Select all that apply below:

☐ Medical ☐ Billing ☐ Radiology

☐ Phone ☐ Police ☐ Insurance Claim

☐ Employment/Payroll ☐ Other: _____

☐ Other: _____

9. Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Scope: _____

Select all that apply below:

☐ Medical ☐ Billing ☐ Radiology

☐ Phone ☐ Police ☐ Insurance Claim

☐ Employment/Payroll ☐ Other: _____

☐ Other: _____

10. Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Scope: _____

Select all that apply below:

☐ Medical ☐ Billing ☐ Radiology

☐ Phone ☐ Police ☐ Insurance Claim

☐ Employment/Payroll ☐ Other: _____

☐ Other: _____

11. Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Scope: _____

Select all that apply below:

☐ Medical ☐ Billing ☐ Radiology

☐ Phone ☐ Police ☐ Insurance Claim

☐ Employment/Payroll ☐ Other: _____

☐ Other: _____

12. Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Scope: _____

Select all that apply below:

☐ Medical ☐ Billing ☐ Radiology

☐ Phone ☐ Police ☐ Insurance Claim

☐ Employment/Payroll ☐ Other: _____

☐ Other: _____

13. Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Scope: _____

Select all that apply below:

☐ Medical ☐ Billing ☐ Radiology

☐ Phone ☐ Police ☐ Insurance Claim

☐ Employment/Payroll ☐ Other: _____

☐ Other: _____

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14. Facility Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Scope: _____

Select all that apply below:

☐ Medical ☐ Billing ☐ Radiology
☐ Phone ☐ Police ☐ Insurance Claim
☐ Employment/Payroll ☐ Other: _____
☐ Other: _____

15. Facility Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Scope: _____

Select all that apply below:

☐ Medical ☐ Billing ☐ Radiology
☐ Phone ☐ Police ☐ Insurance Claim
☐ Employment/Payroll ☐ Other: _____
☐ Other: _____

16. Facility Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Scope: _____

Select all that apply below:

☐ Medical ☐ Billing ☐ Radiology
☐ Phone ☐ Police ☐ Insurance Claim
☐ Employment/Payroll ☐ Other: _____
☐ Other: _____

17. Facility Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Scope: _____

Select all that apply below:

☐ Medical ☐ Billing ☐ Radiology
☐ Phone ☐ Police ☐ Insurance Claim
☐ Employment/Payroll ☐ Other: _____
☐ Other: _____

18. Facility Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Scope: _____

Select all that apply below:

☐ Medical ☐ Billing ☐ Radiology
☐ Phone ☐ Police ☐ Insurance Claim
☐ Employment/Payroll ☐ Other: _____
☐ Other: _____

19. Facility Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Scope: _____

Select all that apply below:

☐ Medical ☐ Billing ☐ Radiology
☐ Phone ☐ Police ☐ Insurance Claim
☐ Employment/Payroll ☐ Other: _____
☐ Other: _____