

WE SERVE THEM.COM

RECORDS REQUEST FORM

Date: _____

Firm Name: _____

Attorney: _____ Secretary: _____ Phone: _____

Address: _____

City/State/Zip: _____

Court Name: _____

Court

Location: _____

Case No: _____

Case Name: _____

Representing: _____

File/Claim #: _____

Hearing Date: _____

Number of
Pages:

Tabs:

Bill To: _____

Date Records Needed: _____

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Records RE: _____
Date of Birth: _____
Date of Incident: _____
Social Security #: _____

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Prepare SDT
SDT Attached
Auth's Attached
Other (List under

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Obtain Medical Records
Obtain X-Rays
Obtain Billing
Obtain Employment Records

Special Instructions

OPOSING COUNSELS TO BE NOTICED: *(Include address and phone, attach list if necessary)*

SPECIAL INSTRUCTIONS/OMISSIONS:

LIST UP TO EIGHT LOCATIONS: *(Please include phone, street address & any special notations)*

1.	5.
2.	6.
3.	7.
4.	8.