

RECORD REQUEST FORM

Firm Name: _____ Date: _____

Attorney: _____ Bar #: _____

Secretary: _____

Address: _____

City/State/Zip: _____ Phone: _____

Court Name: _____

Court Location: _____

Case No.: _____

Case Name: _____

Representing: _____

File or Claim: _____

Hearing Date: _____

Bates Number Pgs: _____ Tabs: _____

Bill To: _____

Date Records Needed: _____

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OFFICE LOCATIONS

Los Angeles

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RECORDS RE: _____

Prepare SDT

Obtain Medical Records

Date of Birth: _____

SDT Attached

Obtain X-Rays

Date of Incident: _____

Auth's Attached

Obtain Billing

Social Security: _____

Other (List Under Special Instructions)

Obtain Employment Records

OPPOSING COUNSELS TO BE NOTICED: (include street address and phone, attach list if necessary.)

SPECIAL INSTRUCTIONS/OMMISIONS:

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

1) _____

5) _____

2) _____

6) _____

3) _____

7) _____

4) _____

8) _____

For additional locations, please attach separate sheet.