



LEGAL PHOTOCOPY REQUEST FORM

DATE ORDERED:	DOCUMENT RETRIEVAL & DUPLICATION VIA SUBPOENA DOCUMENT RETRIEVAL & DUPLICATION VIA AUTHORIZATION	STANDARD: RUSH:	SEND FORMS:
DEFENDANT/ASSURED	HOW RECEIVED: TELEPHONE: FAX: E-MAIL: REGULAR MAIL: INTERNET/ONLINE:	DATE RECEIVED:	DCI FILE NO:

REQUESTED BY	FIRM NAME BILL FIRM :			CARRIER/CLAIMS ADMINISTRATOR BILL CARRIER:		
	ORDERED BY			ATTENTION:		
	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP	CITY	STATE	ZIP
	TELEPHONE	CLAIM/FILE NO:		TELEPHONE	CLAIM/FILE NO:	

RECORDS OF	SUBJECT/CLAIMANT NAME			ATTORNEYS	DEFENSE ATTORNEY		
	AKA				ADDRESS		
	ADDRESS				CITY	STATE	ZIP
	CITY	STATE	ZIP		TELEPHONE	FILE NO:	
	TELEPHONE				APPLICANT ATTORNEY		
	DATE OF BIRTH	SOCIAL SECURITY NUMBER			ATTORNEY NAME		
	ADDRESS				ADDRESS		
	COURT/WCAB CASE NO (IF ASSIGNED)	DATE OF INJURY:			CITY	STATE	ZIP
	SIGNED AUTHORIZATION FOR RELEASE OF RECORDS ATTACHED: YES NO				TELEPHONE	FILE NO:	
	DCI TO OBTAIN AUTHORIZATION FOR RELEASE OF RECORDS FROM SUBJECT: YES NO				A COURT/WCAB CASE NUMBER OR A SIGNED AUTHORIZATION FOR RELEASE OF RECORDS MUST ACCOMPANY REQUEST		

DOCUMENTS TO SECURE	FACILITY	ADDRESS	TELEPHONE	DESIGNATOR
	2.			
	3.			
	4.			
	5.			
	6.			

***DESIGNATOR:** (A) Academic (B) Billing (C) Court/Police Files (D) Dental (E) Employment (F) Financial (G) Escrow (H) Pharmacy/Prescription (I) Insurance (J) Physical Therapy (K) Workers' Compensation (L) Blue Prints (M) Medical (P) Payroll (Q) Autopsy/Death/Coroner (R) Paramedics (S) Special Request (T) Pathological/Report (U) Union (V) Video (W) Sign-in Sheets (X) X-rays, MRI, CAT scan (Y) Psychiatric (Z) Fetal Monitor Strips

***ADDITIONAL LOCATIONS LIST ATTACHED:** YES NO