

RECORD REQUEST FORM

Requesting Firm: _____
 Attorney: _____
 Claims Examiner: _____ Date: _____
 Secretary: _____ Phone: _____
 Address: _____
 City/State/Zip: _____
 Court: _____
 Case No.: _____
 Case Name: _____
 vs. _____
 Representing: _____
 File or Claim No.: _____
 Bill To: _____



12 Thomas Owens Way
 Suite 100
 Monterey, California 93940
 Phone (831) 384-4030
 Fax (831) 384-4031
 www.SaylorLegal.com

Depo/Hearing Date: _____ DATE RECORDS NEEDED _____ PLEASE RUSH

PATIENT: _____ **PLEASE MARK APPROPRIATE BOX(ES)**
 Date of Birth: _____ Prepare Subpena Obtain Medical Records
 Social Security No.: _____ Subpena Attached Obtain X-Rays
 Date of Incident: _____ Authorization Attached Obtain Billing
 Obtain any and all records Copy only records subsequent to: _____
 Prepare and submit records to court AND Provide additional set to requestor

OPPOSING COUNSELS TO BE NOTIFIED: IMPORTANT TO INCLUDE ADDRESS, PHONE AND ZIP CODE

1.	2.
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SPECIAL INSTRUCTIONS/OMISSIONS

LIST UP TO SIX COPY LOCATIONS: IMPORTANT TO INCLUDE ADDRESS, PHONE AND ZIP CODE

1.	2.
3.	4.
5.	6.