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: _____

Sayler LEGAL SERVICE
2511 Garden Road
Suite B100
Monterey, California 93940
Phone (831) 384-4030
Fax (831) 384-4031
www.SaylerLegal.com

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

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

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

1.	2.

SPECIAL INSTRUCTIONS/OMISSIONS

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

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