

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 _____



450 Lincoln Ave.,
 Ste 103
 Salinas, CA 93901
 Phone (831) 384-4030
 Fax (831) 384-4031
 www.saylorlegal.com

Depo/Hearing Date _____ Date Records Needed _____ PLEASE RUSH

PATIENT _____ Date of Birth _____ Social Security # _____ Date of Incident _____ <input type="checkbox"/> Obtain any and all records <input type="checkbox"/> Prepare and submit records to court	PLEASE MARK APPROPRIATE BOX(ES) <input type="checkbox"/> Prepare Subpoena <input type="checkbox"/> Obtain Medical Records <input type="checkbox"/> Subpoena Attached <input type="checkbox"/> Obtain X-Rays <input type="checkbox"/> Authorization Attached <input type="checkbox"/> Obtain Billing <input type="checkbox"/> Provide additional set to requestor
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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.