

WE SERVE THEM.COM

PHOTOCOPY SERVICE RECORDS REQUEST

Attorney's Name _____ [] Routine [] Rush Order Date _____

Attention: _____ Date Needed: _____ File No.: _____

Firm Name: _____ Copies Needed: _____

Address: _____ Index of Hosp. Records _____

_____ Representing [] Plaintiff [] Defendant

Telephone: _____ Fax: _____ E-mail: _____

Please Obtain Records of: _____

Any AKA's _____

Date of Birth: _____ Social Security No.: _____ DOI: _____

RECORDS ARE LOCATED AT:

1. Name of Facility: _____ 2. Name of Facility: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Area Code; Telephone: _____ Area Code; Telephone: _____

3. Name of Facility: _____ 4. Name of Facility: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Area Code; Telephone: _____ Area Code; Telephone: _____

Records Needed _____ [] Obtain Billing [] X-Rays

Authorization or Subpoena is Attached [] Court _____

Please Prepare Subpoena _____ Case Number _____ Hearing Date _____

Case Title _____ v. _____ [] Superior [] Municipal

Special Instructions/Documents to be Produced _____

A LEADING REGISTERED PROCESS SERVICE

751 S. Weir Canyon Rd. #157-373, Anaheim, CA 92808 Phone: (877) 342-6850 Fax: (714) 546-7474

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OPPOSING COUNSEL LIST OR MAILING LIST

Name	Address	City and State	ZIP
1.			
2.			
3.			
4.			
5.			

RETAIN A COPY FOR YOUR RECORDS

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