

REQUEST FORM

Central Order Processing Facility: P.O. Box 1250, Shingle Springs, CA 95682-1250, Phone: (800) 953-8436

Requests can be FAXED to: (800) 972-8436 or EMAILED to: Orders@MobileCopyService.com

OR ... YOU CAN PLACE AN ONLINE ORDER at: www.MobileCopyService.com – Also, View STATUS & View RECORDS!

REQUESTING PARTY INFORMATION

Company Name: _____

Address: _____

City, State, Zip: _____

Requested By: _____

Phone: _____

Your File #: _____

Client/Insured: _____

Represents: Plaintiff/Claimant Defendant/Insured

Bar # (if applicable): _____

Ship **RECORDS** to the Following: Send **INVOICE** to the Following:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Today's Date: _____ Date Required: _____

ACQUISITION INFORMATION

Authorization Subpoena (if subpoena, fill out below)

Case/Board #: _____

Plaintiff: _____

Defendant: _____

Court County: _____

Accident Type: _____

WCAB Civil Federal Other

Opposing Counsel / Applicant Attorney / Parties to Notice~

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Request Time Waiver: Yes No

RECORDS PERTAIN TO

Name/Subject: _____

Alias (AKA(s)): _____

Date of Birth: _____

Date of Incident: _____

Social Security: _____

Facility File #: _____

RECORDS REQUEST INSTRUCTIONS

_____ Any and All Records in File

_____ Include Billing Records

_____ Include X-rays/MRI's/Films

_____ Copy D.O.I. to Present

_____ Copy ____/____/____ to Present

_____ Copy Prior to ____/____/____

_____ Number of Paper Set's of Records

_____ Number of CD's of Records

_____ Bates Stamp Records

Special Instructions: _____

RECORDS LOCATIONS

1) _____ Medical Employment
Name/Facility

Address _____ Phone _____ Other _____

2) _____ Medical Employment
Name/Facility

Address _____ Phone _____ Other _____

3) _____ Medical Employment
Name/Facility

Address _____ Phone _____ Other _____

4) _____ Medical Employment
Name/Facility

Address _____ Phone _____ Other _____

5) _____ Medical Employment
Name/Facility

Address _____ Phone _____ Other _____

PLEASE SUBMIT THIS COMPLETED FORM ALONG WITH SUPPORTING DOCUMENTATION TO MOBILE COPY SERVICE VIA FAX or EMAIL

*****Submitting this request constitutes agreement of our payment terms indicated on invoice. A Late Fee of 1.5% per month may be charged on all past due invoices*****