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ORDER DATE:	RUSH: <input type="checkbox"/>
WCAB: <input type="checkbox"/>	PI: <input type="checkbox"/> CIVIL: <input type="checkbox"/>

PHONE: (888) 870-4775 FAX: (866) 909-2707

1. APPLICANT / PLAINTIFF INFORMATION		4. EMPLOYER	
NAME:		COMPANY:	
A.K.A:		STREET:	
DOB:		CITY: ST: ZIP:	
SSN:		PHONE: FAX:	
INJURY DATE:		5. CARRIER	
HIPPA AUTHO: <input type="checkbox"/> APP LETTER: <input type="checkbox"/>		COMPANY:	
WCAB #: CAPTION: vs.		ADJUSTER:	
2. REQUESTING PARTY		CLAIM #:	
FIRM NAME:		STREET:	
ATTORNEY: CONTACT:		CITY: ST: ZIP:	
STREET:		PHONE: FAX:	
CITY: ST: ZIP:		6. OPPOSING FIRM:	
PHONE: FAX:		FIRM NAME:	
3. DELIVERY INSTRUCTIONS / SECOND SET		ATTORNEY:	
CD: <input type="checkbox"/> PAPER: <input type="checkbox"/> BOTH: <input type="checkbox"/> DUPLEX: <input type="checkbox"/>		STREET:	
ATTN:		CITY: ST: ZIP:	
ADDRESS:		PHONE: FAX:	
PHONE:			
ANY & ALL RECORDS: <input type="checkbox"/>			

CODES: [M]EDICAL [B]ILLING [X]-RAY [E]MPLOYMENT [W]AGE [C]LAIM FILE [O]THER

CODE:	FACILITY: ADDRESS / CITY / ZIP	PHONE:	DATE:

SPECIAL INSTRUCTIONS:

*****PLEASE ATTACH ADDITIONAL LOCATIONS ON A SECOND SHEET*****

By Sending this order, I/we herewith authorize ADVANCED DOCUMENT IMAGING INC. to act as my/our representative for the purpose of procuring/transferring all records in accordance with the directives contained in this order form. The party ordering the records accepts responsibility for the cost of obtaining said records. In the event a third party is billed, the ordering firm is held responsible until payment is received. The ordering party may be held liable for all costs associated with collections of this order.