

**PHOTOCOPY SERVICE RECORDS REQUEST FORM**

Attorneys Name: \_\_\_\_\_ [ ] Routine [ ] Rush Order Date: \_\_\_\_\_  
Attention: \_\_\_\_\_ Date Needed: \_\_\_\_\_ File No.: \_\_\_\_\_  
Firm Name: \_\_\_\_\_ Copies Needed: \_\_\_\_\_  
Address: \_\_\_\_\_ Index of Hospital Records: \_\_\_\_\_  
\_\_\_\_\_ Representing [ ] Plaintiff [ ] Defendant  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please Obtain Records of:

Any AKA's

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ DOI: \_\_\_\_\_

**RECORDS ARE LOCATED AT:**

Name of Facility: \_\_\_\_\_ Name of Facility: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Name of Facility: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Records Needed: \_\_\_\_\_ [ ] Obtain Billing [ ] X-Rays  
Authorization or Subpoena is Attached [ ]  
Court: \_\_\_\_\_  
Please Prepare Subpoena [ ] Yes [ ] No Case Number: \_\_\_\_\_ Hearing Date: \_\_\_\_\_  
Case Title: \_\_\_\_\_ v. \_\_\_\_\_  
[ ] Superior [ ] Municipal  
Special Instructions/Documents to be Produced: \_\_\_\_\_

**OPPOSING COUNSEL LIST OR MAILING LIST**

**Name Address City, State, Zip**

\_\_\_\_\_  
\_\_\_\_\_  
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