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Use the tab key to move from field to field. Use the space bar to check boxes. Rename the form as your case name.

<p>Start tabbing here Date Ordered _____ Date Needed _____ Rush <input type="checkbox"/></p> <p>Name, Address & Phone of Client</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone _____</p> <p>Person Placing Order _____</p> <p>E-mail address _____</p> <p>Attorney - Examiner _____</p> <p>E-mail address _____</p> <p>Representing <input style="width:200px;" type="text"/></p> <p>Name and Address of Opposing Counsel / Party</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Case _____</p> <p>vs. _____</p> <p><input type="checkbox"/> Case Filed? Case Number _____</p> <p>What Court? <input style="width:150px;" type="text"/></p> <p>Court Address _____</p> <p>_____</p> <p><input type="checkbox"/> Records by SDT? <input type="checkbox"/> Records by Autho?</p> <p>Obtain Records _____</p> <p>For Psychiatric, Alcohol / Substance abuse, HIV Aids records, please provide the appropriate HIPPA compliant Release. California Law requires that authorizations for medical records be typed in 14 point type.</p> <p>Bill To</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Examiner name _____</p> <p>Claim Number _____</p>
<p>Date of Birth _____ Social Security # _____</p> <p>Date of Accident _____</p>	<p>RECORDS OF _____</p> <p>A.K.A _____</p>

RECORD TYPE: M=MEDICAL P=PSYCHIATRIC (INCLUDE RELEASE OR COURT ORDER) E=EMPLOYMENT S=SCHOOL B=BANK I=INSURANCE O=OTHER D=EDEX

Records Types	Records From	Address and Zip Codes	Telephone
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Special Instruction or Omissions (please list)

Send CD?
 Send paper records?
 Summary Of Records (50 page min.)?
 Records Over _____ Pages
 Duplicate X-ray films?
 Bills and statements?

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