



Records Retrieval Resource
“Superior Service @ Competitive Cost”

RECORDS REQUEST FORM

RECORDS OF:	
A.K.A:	
D.O.B:	
SSN#:	
CLAIM#:	

DOI:	
BODY PARTS:	
CASE CAPTION:	
COURT CASE #:	
3R FILE # (3R TO ASSIGN):	

Signed Medical Release Attached: Yes () No () **Subpoena Request:** Yes () No ()

BILLING INFORMATION

Requesting Firm: File#: Adjustor: Address: Email: Phone: Insured: # of Paper Copies: # of CD's: Online Only:

DEFENSE ATTORNEY
Firm Name: Address: Phone: Attorney: Secretary: Email: Fax: # of Paper Copies: # of CD's:



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APPLICANT ATTORNEY

Firm Name:

Address:

Phone:

Attorney:

Secretary:

Email:

Fax:

of Paper Copies:

of CD's:

SPECIAL INSTRUCTIONS

(i.e, delivery, omissions, rush, etc.)

PERSONAL APPEARANCE

Date:

Time:

Dept/Div:

AUTHORIZATION ENCLOSED

(File Authorization)

OBTAIN RECORDS FROM

** Records Summary Requested: Yes () No ()

Note: Unless otherwise instructed, Records Summary will be provided to original requestor only.

() **Subpoena Request (Completed by Records Retrieval Resource)**

Location 1: Medical () Employment () Claim Records () Police Report ()

Name:

Address:

Phone:



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Location 2: Medical () Employment () Claim Records () Police Report ()

Name:

Address:

Phone:

Location 3: Medical () Employment () Claim Records () Police Report ()

Name:

Address:

Phone:

Location 4: Medical () Employment () Claim Records () Police Report ()

Name:

Address:

Phone:

Location 5: Medical () Employment () Claim Records () Police Report ()

Name:

Address:

Phone:

Location 6: Medical () Employment () Claim Records () Police Report ()

Name:

Address:

Phone:

Location 7: Medical () Employment () Claim Records () Police Report ()

Name:

Address:

Phone:



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Location 8: Medical () Employment () Claim Records () Police Report ()

Name:

Address:

Phone:

Location 9: Medical () Employment () Claim Records () Police Report ()

Name:

Address:

Phone:

Location 10: Medical () Employment () Claim Records () Police Report ()

Name:

Address:

Phone:

**** If You Need To Request More Than 10 Locations Check Here And Our Office Will Contact You: Yes () No ()**

AUTHORIZATION ENCLOSED

- () Attached Signed Authorization for Release of Information
- () Attached Signed Kaiser Permanente Release of Information
- () Attached Signed VA SF180 w/3rd Party Attachment (Veteran Records)