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ORDER FORM

- ☐ Workers' Compensation
☐ Civil / Personal Injury
☐ Social Security
☐ Other: _____

RECORDS OF:

Order Date: _____ Due Date: _____

Name: _____

AKA Name: _____

Birth Date: _____

Injury Date(s): _____

Social Security No: _____

REQUESTOR:

Firm: _____

Attorney: _____ Bar No: _____

Address: _____ Contact: _____

City/State/Zip: _____

Represents: _____ Phone: _____

Name: _____ File No: _____

CASE INFORMATION:

Workers' Compensation cases must have a filed Application for Adjudication with the WCAB or an assigned Case Number for Injury(s) after 1994.

Case No: _____

Applicant/plaintiff: _____

Defendant(s)/employer: _____

BILLING INFORMATION:

Bill To: Carrier: ☐ Requestor: ☐

Firm/Carrier: _____

Address: _____

City/State/Zip: _____

Adjustor: _____

Phone: _____

Claim No: _____

Additional Billing Parties Attached: ☐

OPPOSING COUNSEL INFORMATION: Please list all parties in an attachment!

Firm: _____

Address: _____

City/State/Zip: _____

Attorney: _____

Represents: _____

Phone: _____

ADDITIONAL SET(S) DELIVERY:

Name: _____

Address: _____

City/State/Zip: _____

SPECIAL INSTRUCTIONS:

Copy Records From: _____ to _____

COPY SERVICE LOCATIONS:

Records types: [M] Medical, [B] Billing, [D] Diagnostics, [F] Films, [E] Employment, [I] Insurance, [C] Court.

Type of Records	Name • Address • City • State • Zip	Telephone No
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This request serves as an assignment to primeds, Inc as legal agent and deposition officer in the above entitled case for the issuance of subpoena(s) and/or authorization(s) for service of process and/or reproduction of documents. Requestor acknowledges by submission of request financial responsibility until any and all invoices associated with this assignment is paid in full. Terms associated with all invoices are payable within (30) thirty days without written contract.