

Firm: _____ Date: _____

Address: _____

City/Zip: _____ Phone: _____

Attorney: _____ Bar #: _____

Secretary: _____

Court Name: _____

Court Location: _____

Case No.: _____

Case Name: _____

Representing: _____

File or Claim: _____

Hearing Date: _____

Number Pages: _____ Tabs: _____

Bill To: _____

Date Records Needed: _____



Reprographics

PHONE

(213) 225-2563

FAX

(213) 975-9862

OFFICE LOCATIONS

Los Angeles Santa Ana
Riverside Ventura
San Francisco San Diego

RECORDS RE: _____

Prepared SDT

Obtain Medical Records

Date of Birth: _____

SDT Attached

Obtain X-Rays

Date of Incident: _____

Auth's Attached

Obtain Billing

Social Security: _____

Other (List Under
Special Instructions)

Obtain Employment Records

OPPOSING COUNSELS TO BE NOTICED: (include street address and phone, attach list if necessary.)

SPECIAL INSTRUCTIONS/OMISSIONS:

LIST UP TO EIGHT LOCATIONS: (Please include street address, phone & any special notations.)

1)

2)

3)

4)

5)

6)

7)

8)