

Professional Legal Document Services, Inc.

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Phone 877-797-7537 Fax 877-967-7537 www.pldsinc.com

Date Ordered _____
Date Needed _____
Ordered By _____
Firm _____
Attorney/Claim Rep. _____
Address _____
City _____
Phone _____ Fax _____

Your File No _____
Representing: _____

Plaintiff Defendant Respondent Other

Send Invoice To: Above Other

Claim/File No. _____

AUTHORITY FOR RELEASE OF RECORDS:

Authorization(s) Enclosed
 Subpoena(s) Enclosed
 Prepare and Serve Subpoena(s)/SDT(S)
Re: Depo - Business Records
* Depo - Personal Appearance w/Records
* Trial Arbitration WCAB
*Date: _____ Time: _____ Dept./Rm.: _____

RECORDS PERTAIN TO:

Name _____ AKA (if any) _____
Date of Birth _____ SS# _____ Date of Loss _____

FURNISH _____ set(s) of the following records:

Obtain ALL Records Obtain ALL Billing Obtain ALL X-rays Other _____

IF YOU REQUIRE LIMITED RECORDS, PLEASE FILL IN THIS SECTION:

Obtain Limited Records Obtain Limited Billing Obtain Limited x-rays Other _____
For the period commencing _____ Date _____ to _____ Date _____

RECORD LOCATIONS:

	NAME	ADDRESS	PHONE
1.	<input type="checkbox"/> MEDICAL <input type="checkbox"/> EMPLOYMENT	_____	_____
2.	<input type="checkbox"/> MEDICAL <input type="checkbox"/> EMPLOYMENT	_____	_____
3.	<input type="checkbox"/> MEDICAL <input type="checkbox"/> EMPLOYMENT	_____	_____
4.	<input type="checkbox"/> MEDICAL <input type="checkbox"/> EMPLOYMENT	_____	_____
5.	<input type="checkbox"/> MEDICAL <input type="checkbox"/> EMPLOYMENT	_____	_____
6.	<input type="checkbox"/> MEDICAL <input type="checkbox"/> EMPLOYMENT	_____	_____
7.	<input type="checkbox"/> MEDICAL <input type="checkbox"/> EMPLOYMENT	_____	_____

OTHER RECORD LOCATIONS: (WCAB, Public Records, etc.)

1. _____
2. _____

CASE INFORMATION:

Case Name _____ vs. _____
Case Number _____ Name of Court _____

Opposing Counsel (Attach additional names, if necessary):

Name _____
Address _____ City _____ State _____ Zip _____
Representing _____

SPECIAL INSTRUCTIONS ATTACHED

PLEASE SEND ME: Forms Envelopes