



RDM COPY REQUEST FORM

REQUEST DATE:

COURT DATE/DUE DATE:

RUSH

WCAB SOCIAL SECURITY CIVIL FEDERAL AUTHORIZATION ATTACHED

I. COPY RECORDS OF

NAME: _____ AKA: _____
ADDRESS: _____ SSN: _____ BIRTH DATE: _____
CITY: _____ STATE: _____ ZIP: _____ INJURY DATES: _____
 OK TO CONTACT (PHONE): _____

II. REQUESTOR INFORMATION

REQUEST BY: _____
FIRM: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____
ATTORNEYS NAME: _____ BAR #: _____
REPRESENTS: APPLICANT PLAINTIFF DEFENDANT
 OTHER: _____

III. BILLING INFORMATION

Send Invoice To: REQUESTOR CARRIER*
CARRIER NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____
ADJUSTOR: _____
CLAIM#: _____
EMPLOYER/INSURED: _____

IV. DELIVERY INSTRUCTIONS

DELIVER TO: REQUESTOR # OF SETS: ()
 OTHER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

V. OPPOSING COUNSEL

ATTORNEY'S NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____

VI. CASE/SUBPOENA INFORMATION

CASE CAPTION: _____ FOR: RECORDS ONLY PERSONAL APPEARANCE
VS: _____ WITH OR WITHOUT RECORDS
CASE #: _____ APPEARANCE ADDRESS: _____
VENUE/CITY: _____ CITY: _____ STATE: _____ ZIP: _____
PREPARE: DEPOSITION SUBPOENA TRIAL SUBPOENA DATE: _____ TIME: _____ DEPT/DIV: _____

VII. OBTAIN RECORDS FROM: (Use codes to designate records requested from each location)

[M] MEDICAL [B] BILLING [X] X-RAY FILMS [E] EMPLOYMENT [W] WAGE [C] CLAIM FILE [O] OTHER:

NAME: ADDRESS: CITY: STATE: ZIP: PHONE: CODE: [][][][][][][][] FILE # SPECIAL INST:	NAME: ADDRESS: CITY: STATE: ZIP: PHONE: CODE: [][][][][][][][] FILE # SPECIAL INST:
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RDM ADDITIONAL LOCATIONS REQUEST FORM

Name:

Control #:

VIII. OBTAIN RECORDS FROM: (Use codes to designate records requested from each location)

[M] MEDICAL [B] BILLING [X] X-RAY FILMS [E] EMPLOYMENT [W] WAGE [C] CLAIM FILE [O] OTHER:

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