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Reset Form

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Ordered By:

Date Ordered:

☐ DEFENSE ☐ CARRIER ☐ APPLICANT/PLAINTIFF

Records of:

AKA:

SSN:

DOB:

Case #:

Case Caption:

vs.

Date of Injury:

BILLING INFORMATION

of Copies

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Firm:

Address:

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Claim File #:

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Attorney:

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☐ LIST OF ADDITIONAL COUNSEL ATTACHED

SPECIAL INSTRUCTIONS

Date Due

THIS IS A RUSH ORDER ☐

ORDER TYPE: ☐ WCAB ☐ CIVIL

☐ PERSONAL APPEARANCE:

Date: Time: Dept/Div:

Location:

AUTHORIZATION TO FOLLOW BY:

☐ FAX
☐ MAIL
☐ E-MAIL

☐ Medical ☐ X-Rays/Films ☐ Other
☐ Billing ☐ Employment

☐ Medical ☐ X-Rays/Films ☐ Other
☐ Billing ☐ Employment

Records of:

☐ Medical ☐ X-Rays/Films ☐ Other
☐ Billing ☐ Employment ☐

☐ Medical ☐ X-Rays/Films ☐ Other
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