

ML Copy Order Form

Date Ordered:

Court date or date needed:

APPLICANT/PLAINTIFF INFORMATION

Name: _____

AKA: _____

Address: _____

Contact applicant if facility can't be found or say they don't have any records (list their phone # below)

Phone #: _____

Birth Date: _____

Social Security #: _____

ORDERING PARTY Applicant/Plaintiff Defense

Ordered by: _____

Firm: _____

Address: _____

DELIVER RECORDS TO: Same

CASE INFORMATION

Injury Date: _____

Case #(s): _____

Venue: _____

Employer/

Defendant: _____

Address: _____

City, ST Zip _____

PARTY LIST

Insurance _____

Carrier: _____

Claim # _____

Adjuster: _____

Opposing Atty: _____

Number of sets:

Locations

Single sided
 Double sided

Name _____ Addr _____ City, ST Zip _____ Phone: _____ File # _____ Type records _____ <input type="checkbox"/> Prepare SDT (case # necessary) <input type="checkbox"/> Authorization attached	Name _____ Addr _____ City, ST Zip _____ Phone: _____ File # _____ Type records _____ <input type="checkbox"/> Prepare SDT (case # necessary) <input type="checkbox"/> Authorization attached
Name _____ Addr _____ City, ST Zip _____ Phone: _____ File # _____ Type records _____ <input type="checkbox"/> Prepare SDT (case # necessary) <input type="checkbox"/> Authorization attached	Name _____ Addr _____ City, ST Zip _____ Phone: _____ File # _____ Type records _____ <input type="checkbox"/> Prepare SDT (case # necessary) <input type="checkbox"/> Authorization attached

Attach a copy of the Claim form and Application

Med-Legal, Inc.
 So. Cal. 1430 E. Holt Ave., Covina, CA 91724 No. Cal. 1730 S. Amphlet Rd., #107, San Mateo, CA 94402
 (800)244-3495 FAX (800)962-4896