



Sacramento Office
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MEDICAL RECORDS ORDER FORM

Firm Name: File/ Reference #:
Contact Person: Case Name:
Phone: Address:
Fax:
Date /Time Job Needed By:

PATIENT INFORMATION

PATIENT NAME:
D.O.B.:
SOCIAL SECURITY NUMBER:
DATE OF INJURY:
DATES REQUESTED:

TYPES OF RECORDS

MEDICAL RECORDS BILLING RECORDS EMPLOYMENT RECORDS
X-RAY FILMS SCHOLASTIC OTHER

FACILITY NAME:
FACILITY ADDRESS:
FACILITY PHONE #:
COPY DAYS AND COPY HOURS:

\* FOR ADDITIONAL LOCATIONS PLEASE ATTACH YOUR LIST ON A SEPARATE SHEET OF PAPER

OTHER DIGITAL SERVICES

DIGITAL PRINTS (Paper Blowbacks) Number of sets:
ELECTRONIC BATES NUMERING (file endorsing) STARTING #:
OCR (optical character recognition) OUTPUT FORMAT: text file \* searchable pdf
CREATE LOAD FILE for: Summation Concordance Case Map Opticon Other:
BURN IMAGES TO FULL-TEXT SEARCHABLE CD WITH VIEWING SOFTWARE (Number of discs )
CREATE FULL-TEXT SEARCHABLE DATABASE \*\* Number of desired fields: (list names of fields)

ADDITIONAL SERVICES

X-RAY DUPLICATION X-RAY SCANNING (DIGITIZING) PROCESS SERVING (STATE/ NATIONWIDE)
COURT EXHIBITS / BLOW-UPS MOUNTING (FOAM / GATORBOARD) COURT FILINGS (STATEWIDE)

Special Instructions:

\*\*\* I certify that I am an employee of the above mentioned firm and am authorized to place this order. I agree to the terms listed below.

Authorized Signature (required) Date:

Terms: Due upon receipt of invoice - Past due accounts may be subject to a \$15.00 service charge and / or 1.5 % monthly interest - in the event of default, collection fees and/ or attorneys fees will be assessed.