



Request Order Form

Shipping Information

Attorney		Phone	
Paralegal		Fax	
Firm			
Address			

Billing Information (if applicable)

Contact	
Address	

Patient Information

Patient		SSN		DOB	
Case Name					
Case #					
Other					

- Expedited Return
 Standard Return

Records Requested:

- | | | |
|------------------------------------|-------------------------------------|------------------------------|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Employment | <input type="checkbox"/> IRS |
| <input type="checkbox"/> Billing | <input type="checkbox"/> Payroll | <input type="checkbox"/> L&I |
| <input type="checkbox"/> Film List | <input type="checkbox"/> Scholastic | <input type="checkbox"/> SSA |
| <input type="checkbox"/> X-Ray | | |

Processing Instructions:

- | | | | |
|--|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Bates Numbering | <input type="checkbox"/> Side 3 Hole Punch | <input type="checkbox"/> Side Tabs | <input type="checkbox"/> Scanning |
| <input type="checkbox"/> Laser Bates | <input type="checkbox"/> Side 2 Hole Punch | <input type="checkbox"/> Bottom Tabs | <input type="checkbox"/> OCR |
| <input type="checkbox"/> Custom Bates | <input type="checkbox"/> Top 2 Hole Punch | | |



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Providers:

- | | | |
|----|----|-----|
| 1) | 5) | 9) |
| 2) | 6) | 10) |
| 3) | 7) | 11) |
| 4) | 8) | 12) |

Other Counsel:

Name	Address	Copies?