



Records of:

AKA:

SSN:

DOB:

Case #:

Case Caption:

vs.

Date of Injury:

**DEFENSE ATTORNEY** # of Copies

On-Line  Paper  CD

Firm:

Address:

Phone #:

Attorney:

Assistant:

E-mail:

ORDER TYPE:  Auth

**AUTHORIZATION TO FOLLOW BY:**  FAX  MAIL  E-MAIL

Medical  X-Rays/Films  Other  
 Billing  Employment

Location #1

Medical  X-Rays/Films  Other  
 Billing  Employment

Location #3

Ordered By:  DEFENSE  APPLICANT/PLAINTIFF

Date Ordered:

**BILLING INFORMATION** # of Copies   Paper  CD

Firm:

Address:

Phone #:

Adjuster:

E-mail:

Insured:

Claim File #:

**APPLICANT'S/PLAINTIFF'S ATTORNEY** # of Copies

On-Line  Paper  CD

Firm:

Address:

Phone #:

Attorney:

Assistant:

E-mail:

**SPECIAL INSTRUCTIONS**

Date Due  **THIS IS A RUSH ORDER**

Medical  X-Rays/Films  Other  
 Billing  Employment

Location #2

Medical  X-Rays/Films  Other  
 Billing  Employment

Location #4