□ WCAB Request
□ Civil Request
□ ***RUSH*** Request

Request Date: _____

AAA COPY & REVIEW SERVICES

www.aaacopy.net • referrals@aaacopy.net
Phone: (909) 581-9874 • Fax: (909) 581-8474

Download □
CD □
Print □

Due Date: _____

Please Include: □ ADJ# _____ □ HIPAA Autho □ Application of Adjudication

Applicant

Name: _____
AKA: _____
DOB: _____ SSN: _____
DOI: _____
City: _____ State: ____ Zip: _____
Phone: _____ Fax: _____

Requesting Party

Requesting Company/Firm: _____
Requesting Attorney or Adjuster: _____, Esq.
File #: _____
Address: _____
City: _____ State: ____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____
For: □ Applicant □ Plaintiff □ Defendant
Assistant: _____
E-mail: _____
Phone: _____

Case Caption

Plaintiff: _____
Defendant: _____
Court (optional): _____

Prepare: □ Deposition Subpoena □ Trial Subpoena
Discovery Cut-off Date: _____

Employer/Insured

Name: _____
Address: _____
City: _____ State: ____ Zip: _____
Phone: _____ Fax: _____

Billing Information

□ Same as Requester
Carrier: _____
Adjuster: _____
Address: _____
City: _____ State: ____ Zip: _____
Phone: _____ Fax: _____
Claim#: _____

Opposing Counsel

Atty: _____, Esq.
Firm: _____
Address: _____
City: _____ State: ____ Zip: _____
Phone: _____ Fax: _____

Delivery Instructions

Send To: □ All Parties □ Carrier □ Defense Attorney □ Applicant Attorney □ Applicant □ Other (Indicate Below)

Attn: _____
Firm/Office: _____
Address: _____
City: _____ State: ____ Zip: _____

Additional or Special Instructions _____

_____
_____

Copying Instructions

[M]edical [B]illing [X]-Rays on CD [XH] Hard Copy X-rays [E]mployment [P]ayroll [C]laim File [O]ther: _____

Name:			Name:		
Address:			Address:		
City:	ST:	Zip:	City:	ST:	Zip:
Ph:	Fax:		Ph:	Fax:	
Records Type: [__] [__] [__] [__] [__] [__] [__] □ All			Records Type: [__] [__] [__] [__] [__] [__] [__] □ All		
Special Instruction: Location 1			Special Instruction: Location 2		
Name:			Name:		
Address:			Address:		
City:	ST:	Zip:	City:	ST:	Zip:
Ph:	Fax:		Ph:	Fax:	
Records Type: [__] [__] [__] [__] [__] [__] [__] □ All			Records Type: [__] [__] [__] [__] [__] [__] [__] □ All		
Special Instruction: Location 3			Special Instruction: Location 4		

[M]edical [B]illing [X]-Rays on CD [XH] Hard Copy X-rays [E]mployment [P]ayroll [C]aim File [O]ther:_____

Name: Address: City: ST: Zip: Ph: Fax: Records Type: [ ] [ ] [ ] [ ] [ ] [ ] [ ] ☐ All Special Instruction: Location 5	Name: Address: City: ST: Zip: Ph: Fax: Records Type: [ ] [ ] [ ] [ ] [ ] [ ] [ ] ☐ All Special Instruction: Location 6
Name: Address: City: ST: Zip: Ph: Fax: Records Type: [ ] [ ] [ ] [ ] [ ] [ ] [ ] ☐ All Special Instruction: Location 7	Name: Address: City: ST: Zip: Ph: Fax: Records Type: [ ] [ ] [ ] [ ] [ ] [ ] [ ] ☐ All Special Instruction: Location 8
Name: Address: City: ST: Zip: Ph: Fax: Records Type: [ ] [ ] [ ] [ ] [ ] [ ] [ ] ☐ All Special Instruction: Location 9	Name: Address: City: ST: Zip: Ph: Fax: Records Type: [ ] [ ] [ ] [ ] [ ] [ ] [ ] ☐ All Special Instruction: Location 10
Name: Address: City: ST: Zip: Ph: Fax: Records Type: [ ] [ ] [ ] [ ] [ ] [ ] [ ] ☐ All Special Instruction: Location 11	Name: Address: City: ST: Zip: Ph: Fax: Records Type: [ ] [ ] [ ] [ ] [ ] [ ] [ ] ☐ All Special Instruction: Location 12
Name: Address: City: ST: Zip: Ph: Fax: Records Type: [ ] [ ] [ ] [ ] [ ] [ ] [ ] ☐ All Special Instruction: Location 13	Name: Address: City: ST: Zip: Ph: Fax: Records Type: [ ] [ ] [ ] [ ] [ ] [ ] [ ] ☐ All Special Instruction: Location 14
Name: Address: City: ST: Zip: Ph: Fax: Records Type: [ ] [ ] [ ] [ ] [ ] [ ] [ ] ☐ All Special Instruction: Location 15	Name: Address: City: ST: Zip: Ph: Fax: Records Type: [ ] [ ] [ ] [ ] [ ] [ ] [ ] ☐ All Special Instruction: Location 16
Name: Address: City: ST: Zip: Ph: Fax: Records Type: [ ] [ ] [ ] [ ] [ ] [ ] [ ] ☐ All Special Instruction: Location 17	Name: Address: City: ST: Zip: Ph: Fax: Records Type: [ ] [ ] [ ] [ ] [ ] [ ] [ ] ☐ All Special Instruction: Location 18