□ WCAB Request

Civil Request

□ **RUSH** Request

Special Instruction:

Location 3

Request Date: \_\_\_\_\_



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E-WORD SOLUTIONS RECORDS RETRIEVAL Submit completed form by email to:

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Phone: (909) 581-9874 • We	b: www.eWordRecords.com	
Please Include:  □ ADJ#	HIPAA Autho  Application for Adjudication Employer/Insured	
Name:	Name:	
	Address:	
AKA:	City Ctotay Zing	
DOD00N	Phone:Fax:	
City:State:Zip:	Same as Requester	
	Carrier:	
ngqugauny rai ly	Adjuster:	
Requesting Company/Firm:	Address:	
RequestingAttorney or Adjuster:, Esq.		
File #:	Phone:Fax:	
Address:	Claim#:	
City:State:Zip:		
Phone:Fax:	Atty:, Esq.	
E-mail:	Firm:	
For:  Applicant Plaintiff Defendant	Address:	
Assistant:		
E-mail:	Phone:Fax:	
Phone:	<b>Delivery Instructions</b> Send To:  All Parties  Carrier	
Paca Pantian	□ Defense Attorney □ Applicant Attorney □ Applicant □ Other (Indicate Below)	
Case Caption	Attn:	
Plaintiff:	Firm/Office:	
Defendant:	Address:	
Court (optional):	City:State:Zip:	
Prepare:  Deposition Subpoena  Trial Subpoena Discovery Cut-off Date:	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: [] [_] [_] [_] [_] [_] [_]] II	Records Type: [] [] [] [] [] [] All	

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:		Name:		
Address:		Address:		
City:	ST: Zip:	City:	ST: Zip:	
Ph:	Fax:	Ph:	Fax:	
Records Type: [] [_] [_] [_] [_] [_] □ All		Records Type: [] [_] [_] [_] [_] [_] □ All		
Special Instruction:		Special Instruction:		
Location 5		Location 6		
		Name:		
Address:	0T: 7:	Address:	ST: Zip:	
City:	ST: Zip:	City:		
Ph:	Fax:	Ph:	Fax:	
Records Type:             All		Records Type:             All		
Special Instruction: Location 7		Special Instruction: Location 8		
		Name:		
Address:	ST: Zip:	Address:	ST: Zip:	
City:		City:		
Ph:	Fax:	Ph:	Fax:	
Records Type: [_] [_]	[_] [_] [_] □ All			
Special Instruction: Location 9	Special Instruction: Location 10			
Name:		Name:		
Address:		Address:		
City:	ST: Zip:	City:	ST: Zip:	
Ph:	Fax:	Ph:	Fax:	
Records Type: [] []		Records Type: [] []		
Special Instruction: Location 11		Special Instruction: Location 12		
Name:		Name:		
		Address:		
City:	ST: Zip:	City:	ST: Zip:	
Ph:	Fax:	Ph:	Fax:	
Records Type: [] []		Records Type: [] []		
Special Instruction:		Special Instruction:		
Location 13		Location 14		
Name:		Name:		
Address:		Address:		
City:	ST: Zip:	City:	ST: Zip:	
Ph:	Fax:	Ph:	Fax:	
Records Type: [] [_] [_] [_] [_] [_] All		Records Type: [_] [_] [_] [_] [_] All		
Special Instruction: Location 15		Special Instruction: Location 16		
Name:		Name:		
		Address:		
City:	ST: Zip:	City:	ST: Zip:	
Ph:	Fax:	Ph:	Fax:	
		Records Type: [] [_] [_] [_] [_] [_] [_] All		
Special Instruction:		Special Instruction:		
Location 17		Location 18		