

# Nationwide Legal, LLC

Phone: 877-433-6277 Fax 877 493 3429

## PHOTOCOPY SERVICE RECORDS REQUEST FORM

Attorney's Name \_\_\_\_\_  Routine  Rush Order Date \_\_\_\_\_  
Attention: \_\_\_\_\_ Date Needed: \_\_\_\_\_ File No.: \_\_\_\_\_  
Firm Name: \_\_\_\_\_ Copies Needed: \_\_\_\_\_  
Address: \_\_\_\_\_ Index of Hosp. Records \_\_\_\_\_  
\_\_\_\_\_ Representing  Plaintiff  Defendant  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please Obtain Records of: \_\_\_\_\_

Any AKA's \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ DOI: \_\_\_\_\_

### RECORDS ARE LOCATED AT:

- |   |   |
|---|---|
| 1. Name of Facility: _____<br>Address: _____<br>City, State, Zip: _____<br>Telephone: _____ | 2. Name of Facility: _____<br>Address: _____<br>City, State, Zip: _____<br>Telephone: _____ |
| 3. Name of Facility: _____<br>Address: _____<br>City, State, Zip: _____<br>Telephone: _____ | 4. Name of Facility: _____<br>Address: _____<br>City, State, Zip: _____<br>Telephone: _____ |

Records Needed \_\_\_\_\_  Obtain Billing  X-Rays

Authorization/Subpoena is Attached  Yes  No Court \_\_\_\_\_

Please Prepare Subpoena  Yes  No Case Number \_\_\_\_\_ Hearing Date \_\_\_\_\_

Case Title \_\_\_\_\_ v. \_\_\_\_\_  Superior  Municipal

Special Instructions/Documents to be Produced \_\_\_\_\_

### OPPOSING COUNSEL LIST OR MAILING LIST

Name	Address	City and State
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

RETAIN A COPY FOR YOUR RECORDS