

# Treating Physician Copy Service Order Form

Treating Physicians and the Agreed Medical Examiner's (AME's) have the right to obtain Medical Records for an applicant to ensure that a comprehensive and complete Medical Report is generated. Under treatment or med-legal expenses the Insurance Carrier is required to pay for the costs associated with the records retrieval process. Please fill out this form so that Real Time Records, Inc. may file a lien for services rendered. Filling out this form will ensure that you will not be charged for this service. Should you have any questions please feel free to contact us at (626)·653·6626.

- Medical History form attached for record locations.
- Signed Authorization form attached to get records.
- Intake sheet attached in lieu of case information above.

Date Ordered: \_\_\_\_\_ Date Needed: \_\_\_\_\_

## INJURED WORKER INFORMATION

## CASE INFORMATION

Name: \_\_\_\_\_ Injury Date(s): \_\_\_\_\_  
AKA: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social: \_\_\_\_\_ Case #'s: \_\_\_\_\_

## APPLICANT'S HOME ADDRESS REQUESTING DOCTOR (PTP)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPLICANT ATTORNEY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SELECT ONE BELOW

AME  TREATING PHYSICIAN

## EMPLOYER'S NAME AND ADDRESS SECOND EMPLOYER'S NAME AND ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INSURANCE CARRIER INFORMATION SECOND INSURANCE CARRIER INFORMATION

\_\_\_\_\_  
\_\_\_\_\_

Claim #: \_\_\_\_\_ Claim #: \_\_\_\_\_  
Adjuster: \_\_\_\_\_ Adjuster: \_\_\_\_\_

## DEFENSE ATTORNEY

## SECOND DEFENSE ATTORNEY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ***REQUIRED ATTACHMENTS***

**FAX, Mail, or email this form with all ATTACHMENTS to Matrix using info below**

**Expect records in 14-21 days**

**Real Time Records, Inc.**

***www.realtimerecs.com***

# Medical Treatment History Form

Patient Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

List the last known name and address for all medical facilities you have been treated or examined at for the last 5-10 years. Be as accurate and complete as you can.

<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>City/ST/Zip:</b>	<b>City/ST/Zip:</b>
<b>Phone:</b>	<b>Phone:</b>
<b>Last Date:</b>	<b>Last Date:</b>
<b>File #</b>	<b>File #</b>

<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>City/ST/Zip:</b>	<b>City/ST/Zip:</b>
<b>Phone:</b>	<b>Phone:</b>
<b>Last Date:</b>	<b>Last Date:</b>
<b>File #</b>	<b>File #</b>

<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>City/ST/Zip:</b>	<b>City/ST/Zip:</b>
<b>Phone:</b>	<b>Phone:</b>
<b>Last Date:</b>	<b>Last Date:</b>
<b>File #</b>	<b>File #</b>

<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>City/ST/Zip:</b>	<b>City/ST/Zip:</b>
<b>Phone:</b>	<b>Phone:</b>
<b>Last Date:</b>	<b>Last Date:</b>
<b>File #</b>	<b>File #</b>

**Attach additional forms as necessary**

**Real Time Records, Inc.**  
[www.realtimerecs.com](http://www.realtimerecs.com)