

WCAB REQUEST  
CIVIL REQUEST  
PERSONAL INJURY  
Request Date: \_\_\_\_\_

# REAL TIME RECORDS

1773 W. San Bernardino Rd. • Suite B48  
West Covina, CA 91790  
Tel: 626-653-6626 • Fax: 626-653-6960  
www.realtimerecs.com

RECORDS REVIEW  
RUSH  
PAGINATION  
CD-ROM  
Due Date: \_\_\_\_\_

Please Include: **Case#** \_\_\_\_\_ **HIPPA Auth.** \_\_\_\_\_ **Application of Adjudication** \_\_\_\_\_

## CLIENT/APPLICANT EMPLOYER/INSURED

**Name:** \_\_\_\_\_  
**AKA:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
**DOI:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

## REQUESTOR BILLING INFORMATION

**Requestor:** \_\_\_\_\_  
**Atty:** \_\_\_\_\_, Esq.  
**Firm:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**For:** Applicant Plaintiff Defendant

**Requestor**  
**Carrier:** \_\_\_\_\_  
**Adjuster:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Claim#:** \_\_\_\_\_

## CASE CAPTION OPPOSING COUNSEL

**Plaintiff:** \_\_\_\_\_  
**Defendant:** \_\_\_\_\_  
**Superior** **Municipal** **Federal**  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Dept/Div:** \_\_\_\_\_

**Atty:** \_\_\_\_\_, Esq.  
**Firm:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Prepare: Deposition Subpoena Trial Subpoena**  
**Discovery Cutoff Date:** \_\_\_\_\_

## DELIVERY INSTRUCTIONS

**Deliver to:** REQUESTOR OPPOSING COUNSEL OTHER  
**Attn:** \_\_\_\_\_  
**Firm/Office:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

## COPYING INSTRUCTIONS

[M]edical	[B]illing	[X]-ray Films	[E]mployment	[W]age	[C]laim File	[O]ther:	DATE(S)
CODE	LOCATION	ADDRESS	PHONE				
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	

By submitting this order form to Real Time Records, Inc., I / we herewith authorize to act as my / our representative for the purpose of procuring / transferring all records in accordance with the directives contained in this order form. The party ordering the records accepts responsibility for the cost of obtaining said records. In the event a third party is billed, the ordering firm is held responsible until payment is received. The ordering party may be held liable for all costs associated with collections of this order.

<b>Special Instructions</b> ANY AND ALL			
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