**REAL TIME RECORDS**

 WCAB Request

 Civil Request

1773 W. San Bernardino Rd. • Suite B48

West Covina, CA 91790

Tel: 626·653·6626 • Fax: 626·653·6960

www.realtimerecs.com

Personal Injury

 Request Date:

 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:

**Prepare: Deposition Subpoena Trial Subpoena**

**Discovery Cutoff Date**:

**Atty:** **, Esq.**

**Firm:**

**Address:**

**City:**  **State:     Zip:**

**Phone:**  **Fax:**

|  |
| --- |
| 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**:

Code Location Address Phone Date(s)

|  |  |  |  |
| --- | --- | --- | --- |
| [ ][ ][ ][ ] |       |       |       |
| **Special Instructions** **any and all** |       |
| [ ][ ][ ][ ] |       |       |       |
| **Special Instructions** **any and all** |       |
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| **Special Instructions** **any and all** |       |
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| **Special Instruction** **any and all s** |       |