

SCANDOC IMAGING, INC.

500 SUPERIOR AVE. SUITE# 320
 NEWPORT BEACH, CA 92663
 TEL: (949)650-9595
 FAX: (949) 650-9594

- WORKERS' COMP.
 P.I./CIVIL CASE
 SOCIAL SECURITY

RUSH
 ORDER DATE: _____
 DUE DATE: _____

APPLICANT/PLAINTIFF INFORMATION

NAME : _____ **EMPLOYER:** _____
AKA : _____ **SSN:** _____ **ADDRESS:** _____
INJURY DATE : _____ **D.O.B.:** _____ **CITY, STATE ZIP:** _____

REQUESTOR AND BILLING INFORMATION

REQUEST BY: _____ **SEND INVOICE TO:** Requestor carrier*
**if Carrier is X'd, please provide information below*
FIRM: _____ **CARRIER:** _____
ADDRESS: _____ **ADDRESS:** _____
CITY, STATE ZIP _____ **CITY, STATE ZIP:** _____
PHONE : _____ **FAX:** _____ **PHONE:** _____ **EXT:** _____
REPRESENT: APPLICANT PLAINTIFF **ADJUSTER:** _____
 DEFENDANT OTHER **CLAIM#:** _____

SUBPOENA INFORMATION

CASE CAPTION _____ **CASE NO:** _____ **OPPOSING COUNSEL:** _____
 Applicant/plaintiff: _____ **FIRM:** _____
 Employer/Defendant: _____ **ADDRESS:** _____
REQUEST TYPE: _____ **CITY, STATE ZIP :** _____
 WCAB SUPERIOR MUNICIPAL FEDERAL **PHONE:** _____
 AUTHORIZATION ATTACHED **FIRM REPRESENTS:** _____
PREPARE: DEFENDANT PLAINTIFF APPLICANT
 DEPOSITION SUBPOENA TRIAL SUBPOENA OTHER: _____
 DISCOVERY CUTOFF DATE: _____ ADDITIONAL PARTY LIST ATTACHED
FOR: **DELIVERY INSTRUCTIONS SETS:()**
 RECORDS ONLY **REQUESTOR QTY** PAPER CD
 PERSONAL APPEARANCE **WITH** RECORDS **OTHER QTY REQ'D** PAPER CD
 PERSONAL APPEARANCE **WITHOUT** RECORDS
 APPEARANCE ADDRESS: _____ **NAME:** _____
 _____ **ADDRESS:** _____
 CITY, STATE ZIP: _____ **CITY, STATE ZIP:** _____
 DATE: _____ TIME: _____
 DEPT/DIV: _____

RECORDS LOCATIONS

[M] EDICAL CODE	[B] ILLING LOCATION NAME	[X]-RAY FILMS ADDRESS	[E]MPLOYMENT ADDRESS	[W]AGE ADDRESS	[C]LAIM FILE ADDRESS	[O]THER: ADDRESS	PHONE

SPECIAL INSTRUCTIONS : _____

By Sending this order, I/we herewith authorize Scandoc Imaging, Inc. 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.