

1206 E. 17th Street, Suite 202 Santa Ana, CA 92701 Phone:(714)380-6838 Fax:(714)380-6839

orders@emaxdiscovery.com **ORDER DATE: RECORDS REQUEST FORM** 

**DUE DATE:** 

**RUSH SERVICE** 

ADD TO EXISTING ORDER #:

A. REQUESTER					
FIRM NAME:	ATTORNEY:				
STREET:					
CITY:			STATE:	ZIP:	
PHONE:	FAX:	E	MAIL:		
CONTACT:		AUTHORIZING SIGNATURE:		PRINT NAME:	
В.	CLAIMANT INFORMATION		C. INSU	IRANCE / BILLING	G
NAME:		CARRIER:			
AKA:		CLAIM#:			
DOB:	SSN:	STREET:			
CASE #	DOI:	CITY:		STATE:	ZIP:
STREET:		PHONE:		FAX:	
CITY:		ADJUSTER:		ADJUSTER CONTACT:	
STATE:	ZIP:	DEFENSE ATTOR	NEY:		
		REQI	JEST RECORDS I	FROM INSURANCE	CARRIER
D. EMPLOYER INFORMATION					
COMPANY:		SUBSIDIARY	PARENT CO.	DBA:	
STREET:			CITY:		

	E. DELIVERY		F. NOTES / INSTRUCTIONS
FORMAT: PAPER	ELECTRONIC	COPIES:	NOTES / ADDITIONAL INSTRUCTIONS:
DELIVERY ADDRESS STREET:	SAME AS REQ	UESTER	
CITY:	STATE:	ZIP:	

FAX:

REQUEST RECORDS FROM EMPLOYER

**EMAIL:** 

G. LOCATIONS					
<b>1</b> . NAME:		<b>2.</b> NAME:			
STREET:		STREET:			
CITY:	STATE: ZIP:	CITY:	STATE: ZIP:		
PHONE:	FAX:	PHONE:	FAX:		
CONTACT:		CONTACT:			
EMAIL:	RECORD TYPE:	EMAIL:	RECORD TYPE:		

STATE:

ZIP:

PHONE:



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LOCATIONS				
<b>3.</b> NAME:		4. NAME:		
STREET:		STREET:		
CITY:	STATE: ZIP:	CITY:	STATE: ZIP:	
PHONE:	FAX:	PHONE:	FAX:	
CONTACT:	1,000	CONTACT:	1700.	
EMAIL:	RECORD	EMAIL:	RECORD	
	TYPE:		TYPE:	
<b>5.</b> NAME:		6. NAME:		
STREET:		STREET:		
CITY:	STATE: ZIP:	CITY:	STATE: ZIP:	
PHONE:	FAX:	PHONE:	FAX:	
CONTACT:		CONTACT:		
EMAIL:	RECORD TYPE:	EMAIL:	RECORD TYPE:	
<b>7.</b> NAME:		8. NAME:		
STREET:		STREET:		
CITY:	STATE: ZIP:	CITY:	STATE: ZIP:	
PHONE:	FAX:	PHONE:	FAX:	
CONTACT:		CONTACT:		
EMAIL:	RECORD TYPE:	EMAIL:	RECORD TYPE:	
<b>9.</b> NAME:		<b>10.</b> NAME:		
STREET:		STREET:		
CITY:	STATE: ZIP:	CITY:	STATE: ZIP:	
PHONE:	FAX:	PHONE:	FAX:	
CONTACT:		CONTACT:		
EMAIL:	RECORD TYPE:	EMAIL:	RECORD TYPE:	
<b>11.</b> NAME:		<b>12.</b> NAME:		
STREET:		STREET:		
CITY:	STATE: ZIP:	CITY:	STATE: ZIP:	
PHONE:	FAX:	PHONE:	FAX:	
CONTACT:		CONTACT:		
EMAIL:	RECORD TYPE:	EMAIL:	RECORD TYPE:	

Please fill out this form, must include authorizing signature, and send by email to **orders@emaxdiscovery.com** or by fax to (714)380-6839. If you have any questions or need assistance please call our office at (714)380-6838.

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