



625 The City Drive South Suite 303
Orange, CA 92868
Phone: 888-248-0020 Fax: 888-561-0040
orders@unisourcediscovery.com

ORDER FORM

Order Date: _____ Due Date: _____ Rush Records Needed By: _____

Requested By:

Firm Name: _____
Attorney: _____
Contact: _____
Address: _____
Phone #: _____
Fax #: _____
E-mail: _____
File No. : _____
Total # of Copies: _____
Send additional sets to: _____

Case Information:

Case Name: _____
Case #: _____
County of: _____
 Superior Municipal Federal WCAB
Branch/District: _____
 Defendant/Respondent Plaintiff/Applicant
Other Counsel: _____
Phone #: _____
 List of Additional Counsels Attached

Billing Instructions:

Carrier: _____
Adjuster: _____
Address: _____
Phone #: _____
Insured: _____
Claim No: _____
D.O.L. : _____

Patient Information:

Name: _____
AKA: _____
Date of Birth: _____
Social Security Number: _____

Civil Subpoena Re Deposition Production of Business Records Authorization
 Civil Subpoena Re Arbitration Personal Appearance Date: _____
 WCAB Subpoena Personal Appearance w/Records Time: _____
 U.S. Dept. of Labor Subpoena Records to Trial/Deposition Dept/Loc: _____
 Arranged to Copy Paper to Paper

OBTAIN RECORDS FROM:

1. Name: _____ Address: _____ Phone #: _____

Additional Information: _____

Meds Bills X-Rays Employment Insurance Other

2. Name: _____ Address: _____ Phone #: _____

Additional Information: _____

Meds Bills X-Rays Employment Insurance Other

3. Name: _____ Address: _____ Phone #: _____

Additional Information: _____

Meds Bills X-Rays Employment Insurance Other

4. Name: _____ Address: _____ Phone #: _____

Additional Information: _____

Meds Bills X-Rays Employment Insurance Other

5. Name: _____ Address: _____ Phone #: _____

Additional Information: _____

Meds Bills X-Rays Employment Insurance Other

6. Name: _____ Address: _____ Phone #: _____

Additional Information: _____

Meds Bills X-Rays Employment Insurance Other

7. Name: _____ Address: _____ Phone #: _____

Additional Information: _____

Meds Bills X-Rays Employment Insurance Other

8. Name: _____ Address: _____ Phone #: _____

Additional Information: _____

Meds Bills X-Rays Employment Insurance Other

OBTAIN RECORDS FROM:

9. Name: _____ Address: _____ Phone #: _____

Additional Information: _____

Meds Bills X-Rays Employment Insurance Other

10. Name: _____ Address: _____ Phone #: _____

Additional Information: _____

Meds Bills X-Rays Employment Insurance Other

11. Name: _____ Address: _____ Phone #: _____

Additional Information: _____

Meds Bills X-Rays Employment Insurance Other

12. Name: _____ Address: _____ Phone #: _____

Additional Information: _____

Meds Bills X-Rays Employment Insurance Other

13. Name: _____ Address: _____ Phone #: _____

Additional Information: _____

Meds Bills X-Rays Employment Insurance Other

14. Name: _____ Address: _____ Phone #: _____

Additional Information: _____

Meds Bills X-Rays Employment Insurance Other

15. Name: _____ Address: _____ Phone #: _____

Additional Information: _____

Meds Bills X-Rays Employment Insurance Other

16. Name: _____ Address: _____ Phone #: _____

Additional Information: _____

Meds Bills X-Rays Employment Insurance Other