



AMS Legal Support Services

Bakersfield:

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Fax: (661) 324-0415
court@amslegal.net

Fresno:

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fresnocourt@amslegal.net

REQUEST FOR RECORD

CASE NAME PLAINTIFF VS DEFENDANT

Empty box for Case Name

\*\* IMPORTANT \*\*

IF WCAB CASE, NAME AND ADDRESS OF INSURANCE CARRIER

Empty box for Insurance Carrier Information

Court Case No.
Name of Court:
County of

ORDERED BY:

Firm Name & Address
Attorney:
File Number
Contact Phone #

AMS Acct #

Date Ordered Date Needed
Representing: Defendants Plaintiff / Applicant
Send Invoice To:

RECORDS OF:

First Middle Last
Date Of Birth Age Social Security No:
Date Of Hospital
Treatments Date Of Accident Admission

OTHER IDENTIFYING INFORMATION

All Medical Records All Employment Records Insurance Records
SERVE ENCLOSED SDT PREPARE AND SERVE SDT AUTHORIZATION ATTACHED OTHER

Addition Notes

No Omissions//Omit: Nurses Notes Lab Reports Temperature charts
Number Of sets Medication & Prescriptions Original X-Rays Required Billing

RECORD LOCATION(S)

NAME - ADDRESS

PHONE

Table with 3 columns: Record Location, Name-Address, Phone. Rows 1-4.

FOR ADDITIONAL LOCATIONS PLEASE ATTACH SEPARATE SHEET