

**Alvandi Law Group**  
**Records Order Form**

Date Requested: \_\_\_\_\_

**REQUESTING PARTY**

Requested By: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Hard Copy: YES ☐ NO ☐ Sets: \_\_\_\_\_  
CD: YES ☐ NO ☐ Sets: \_\_\_\_\_

*\*Note: Records will always be placed in Dropbox when available*

**APPLICANT/CLAIMANT**

Name: \_\_\_\_\_  
AKA: \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
DOI: \_\_\_\_\_  
Employer: \_\_\_\_\_  
WCAB #: \_\_\_\_\_  
Venue: \_\_\_\_\_

**ADDITIONAL NOTES**

**INSURANCE CARRIER**

Company Name: \_\_\_\_\_  
Claim #: \_\_\_\_\_  
Claims Examiner: \_\_\_\_\_  
Examiner Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**DEFENSE ATTORNEY**

Firm: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**INSTRUCTIONS:**

CC Review Doctor w/Records: \_\_\_\_\_  
Hard Copy of Records: YES ☐ NO ☐ Sets: \_\_\_\_\_  
CD Copy of Records: YES ☐ NO ☐ Sets: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_

**LOCATIONS**

1. Name/Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Type of Records: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

2. Name/Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Type of Records: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

3. Name/Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Type of Records: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

4. Name/Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Type of Records: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL LOCATIONS**

**Alvandi Law Group**

5. Name/Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Type of Records: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

7. Name/Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Type of Records: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

9. Name/Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Type of Records: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

11. Name/Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Type of Records: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

13. Name/Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Type of Records: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

15. Name/Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Type of Records: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

6. Name/Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Type of Records: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

8. Name/Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Type of Records: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

10. Name/Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Type of Records: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

12. Name/Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Type of Records: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

14. Name/Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Type of Records: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

16. Name/Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Type of Records: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_