

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: _____
