



Associated Reproduction Services, Inc.
 13925 Whittier Blvd., Whittier, CA 90605
 (562) 696-1181 • FAX (562) 945-0663
 (650) 401-8707 • FAX (650) 401-8708
 (866) 696-4ARS (4277) • FAX (866) 696-FAX9 (3299)
 ARS Rec'd: ARS Ref:

Trial Date:	<input type="checkbox"/> WCAB <input type="checkbox"/> CIVIL
Request Date:	<input type="checkbox"/> RUSH:
Due Date:	(Reason, ie. Trial, AME, MSC, etc.)

1. COPY RECORDS PERTAINING TO

Name:	Injury Date(s):
AKA:	SSN:
	DOB:

2. REQUESTOR

Firm:

Address:

Phone: **Fax:**

Attorney:

Bar No:

Contact:

Representing: Plaintiff/Applicant Defendant
 Other:

4. SUBPOENA INFORMATION

Case No:

Case Caption:

vs:

County:

Judicial District:

Request Type: SUP MUN FED ARB WCAB
 Authorization Attached Client Subpoena

Prepare: Deposition Subpoena Trial Subpoena
Discovery Cutoff Date:

For: Records Only
 Personal Appearance **WITH** Records
 Personal Appearance **WITHOUT** Records

Appearance Address:

Date: **Time:**

Dept/Div:

3. BILLING INFORMATION

Send Invoice To: Requestor Carrier (provide detail below)

Carrier:

Address:

Phone:

Adjustor: **Ext:**

Claim No:

Employer / Insured:

Address:

Additional Carrier List Attached

5. OPPOSING COUNSEL

Counsel:

Firm:

Address:

Phone:

Representing: Plaintiff/Applicant Defendant
 Other:

Additional Counsels List Attached

6. DELIVERY INSTRUCTIONS

Requestor Qty Paper: Duplex: CD:

Other Qty Req'd Paper: Duplex: CD:

Name/Address:

Additional Delivery List Attached

7. OBTAIN RECORDS FROM (Use codes below to designate what records are needed from each location)

Codes: **[M]**edical **[B]**illing **[X]**-ray Films **[E]**mployment **[W]**age **[C]**laim File **[O]**ther:

Code	Location Name	Address	Phone	Treat Date(s)

Additional Copy Locations Attached

Copy: Any and All These Dates Only:

Special Instructions (attach claim or application form):

By Sending this order, I/we herewith authorize ASSOCIATED REPRODUCTION SERVICES to act as my/our representative for the purpose of procuring/transferring all records in accordance with the directives contained in this order form. The party ordering the records accepts responsibility for the cost of obtaining said records. In the event a third party is billed, the ordering firm is held responsible until payment is received. The ordering party may be held liable for all costs associated with collections of this order.

The signer below takes full responsibility for the content and accuracy of this copy order.
X _____