

Request For Records

Steve Knox
 PRESIDENT
 John Maguire
 VICE PRESIDENT
 Steve Bubel
 PHOTOCOPY MANAGER

Knox File #

Firm Name & Address			Knox Acct #			Date Ordered			Date Needed		
Attorney						Representing					
File Number						Attention			Phone #		
									plantiff/defendant		
						Furnish			Set(s) Of Photocopies		
						<input type="checkbox"/> Medical Records			<input type="checkbox"/> Billing Records		
						<input type="checkbox"/> Employment Records			<input type="checkbox"/> X-Rays		
						<input type="checkbox"/> From, any and all dates			<input type="checkbox"/> Plans/Blueprints		
						<input type="checkbox"/> For Dates of			<input type="checkbox"/> Other		
PLAINTIFF						SPECIAL INSTRUCTIONS:					
vs.											
DEFENDANT											
Court						Case Number					
RECORDS OF:											
Date of Birth:				SSN				Date Of Accident			
<input type="checkbox"/> Authorization is enclosed <input type="checkbox"/> Prepare & Serve Depo Subpoena for Business Records <input type="checkbox"/> Public Record/Court File <input type="checkbox"/> No Authorization needed, explanation:											
Counsel to be notified:						Counsel to be notified:					
COPY RECORDS AT:											
						ADDRESS			PHONE		
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
Report:											
APPROVED DIRECT INSURANCE BILLING						PLEASE SEND:					
CARRIER NAME:						<input type="checkbox"/> MORE REQUEST RECORD FROMS					
ADDRESS:						<input type="checkbox"/> SERVICE OF PROCESS FORMS					
CITY, STATE, ZIP:						<input type="checkbox"/> MESSENGER FROMS					
INSURED:						<input type="checkbox"/> A KNOX REPRESENTATIVE TO VISIT YOUR OFFICE					
CLAIM NUMBER:											
ADJUSTER:											