Request For Records

Steve Knox
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Photocopy Service
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Knox File #

Firm Name & Address

Knox Acct #

Attorney

File Number | Attention | Phone #

Fax #

Date Ordered _____ Date Needed _____

Representing _____
plantiff/defendant

Furnish _____ Set(s) Of Photocopies

- o Medical Records
- o Employment Records
- o From, any and all dates
- o Billing Records
- o X-Rays
- o Plans/Blueprints
- o Other
- o For Dates of _____

PLAINTIFF

vs.

DEFENDANT

Court | Case Number

SPECIAL INSTRUCTIONS:

RECORDS OF:

Date of Birth: | SSN | Date Of Accident

o Authorization is enclosed o Prepare & Serve Depo Subpoena for Business Records o Public Record/Court File

o No Authorization needed, explaination:

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

CARRIER NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

INSURED: _____

CLAIM NUMBER: _____

ADJUSTER: _____

PLEASE SEND:

- O MORE REQUEST RECORD FROMS
- O SERVICE OF PROCESS FORMS
- O MESSENGER FROMS
- O A KNOX REPRESENTATIVE TO VISIT YOUR OFFICE