

Knox
 SERVICES
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Request For Records

Steve Knox
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 VICE PRESIDENT
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 GENERAL MANAGER

Firm Name & Address Knox Acct #		Date Ordered Date Needed Representing plaintiff/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"/> Other <input type="checkbox"/> For Dates of	
Attorney File Number	Attention Phone # Fax #	SPECIAL INSTRUCTIONS: 	
PLAINTIFF 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 CARRIER NAME: ADDRESS: CITY, STATE, ZIP: INSURED: CLAIM NUMBER: ADJUSTER:		PLEASE SEND: <input type="checkbox"/> MORE REQUEST RECORD FROMS <input type="checkbox"/> SERVICE OF PROCESS FORMS <input type="checkbox"/> MESSENGER FROMS <input type="checkbox"/> A KNOX REPRESENTATIVE TO VISIT YOUR OFFICE	