



P.O. Box 1676 • Modesto, CA 95353 Phone: 209 549-8904 • Fax: 209 549-9328 E-mail: info@discoverydataservices.com

**REQUEST FOR SERVICES**

Requesting \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone No. \_\_\_\_\_  
 Send invoice to \_\_\_\_\_  
 Ordered by \_\_\_\_\_

PLAINTIFF(S) \_\_\_\_\_  
 DEFENDANT(S) \_\_\_\_\_

**TYPE OF RECORDS**

Via Authorization \_\_\_\_\_ Via Subpoena \_\_\_\_\_  
 Medical \_\_\_\_\_ Civil Subpoena \_\_\_\_\_  
 Billing \_\_\_\_\_ WCAB Subpoena \_\_\_\_\_  
 Employment \_\_\_\_\_ Other \_\_\_\_\_  
 Other \_\_\_\_\_ Case No. \_\_\_\_\_

**COPY INSTRUCTIONS**

No Omissions \_\_\_\_\_ Omit Nurses Notes \_\_\_\_\_ Omit Lab Reports \_\_\_\_\_  
 Omit Billing Records \_\_\_\_\_ Pick up Xrays: Copies \_\_\_\_\_ Original \_\_\_\_\_

**IN REFERENCE TO**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Birth Date \_\_\_\_\_ SSN \_\_\_\_\_ Records From \_\_\_\_\_ To \_\_\_\_\_

**RECORDS FROM**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PARITES OF RECORDS TO BE SERVED WITH NOTICE**

Name(s)	Address(es)
_____	_____
_____	_____
_____	_____

By typing my name in the form field below, I/we herewith authorize DISCOVERY DATA REPRODUCTION SERVICES, LLC. to act as my/our representative for the purpose of procuring all records in accordance with the instructions contained in this order form.

By \_\_\_\_\_ Date \_\_\_\_\_ Due Date \_\_\_\_\_  
 Authorized Representative