

# FOREMOST LEGAL SERVICES

# ORDER FORM

P.O. Box 5701, Whittier, CA 90607  
 Phone: 562-464-0216  
 Fax: 562-454-1045  
 orders@foremostlegalservices.com

REQUEST DATE: \_\_\_\_\_

TRIAL DATE: \_\_\_\_\_

DUE DATE: \_\_\_\_\_

WCAB  PI  RUSH: (Reason, ie. Trial, AME, MSC, etc.) \_\_\_\_\_

RECORDS PERTAIN TO:	PHONE NO:	SSN:	DOB:	INJURY DATE(S):
Aka:	ADDITIONAL INFO:			

REQUESTOR:	BILLING INFORMATION:
Firm:	Send Invoice to: <input type="checkbox"/> Requestor <input type="checkbox"/> Carrier (provide info below)
Address:	Carrier:
	Address:
Phone: Fax:	
Attorney:	Phone: Ext.:
Bar No:	Adjustor:
Contact:	Claim No:
Representing: <input type="checkbox"/> Plaintiff/Applicant <input type="checkbox"/> Defendant	Employer/Insured:
<input type="checkbox"/> Other:	Address:
	<input type="checkbox"/> Additional Carrier List Attached

SUBPOENA INFORMATION:	OPPOSING COUNSEL:
Case No.:	Counsel:
Case Caption:	Firm:
Vs.	Address:
County: Judicial District:	Phone:
Request Type: <input type="checkbox"/> Sup <input type="checkbox"/> Mun <input type="checkbox"/> Fed <input type="checkbox"/> ARB <input type="checkbox"/> WCAB	Representing: <input type="checkbox"/> Plaintiff/Applicant <input type="checkbox"/> Defendant <input type="checkbox"/> Other:
<input type="checkbox"/> Authorization Attached <input type="checkbox"/> Personal Injury	<b>DELIVERY INSTRUCTIONS:</b> <input type="checkbox"/> Paper <input type="checkbox"/> Duplex <input type="checkbox"/> CD
Prepare: <input type="checkbox"/> Deposition Subpoena <input type="checkbox"/> Trial Subpoena	Name/Address:
For: <input type="checkbox"/> Records Only <input type="checkbox"/> Personal Appearance w/records <input type="checkbox"/> Personal Appearance w/o Records	

LOCATION NAME & ADDRESS:	PHONE:	TREAT DATE(S):	CODE:
Records Codes: (M) Medical (B) Billing (X) X-Ray Films (E) Employment (W) Wage (C) Claim File (O) Other			

Additional Copy Locations Attached **COPY:**  Any and ALL  These Dates Only:

**SPECIAL INSTRUCTIONS** \_\_\_\_\_

By Sending this order, I/we herewith authorize Foremost Legal Services to act as my/our representative for the purpose of procuring/transferring all records in accordance with the directives contained in this order. 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.