



1750 Valley View Lane, Suite 210  
 Dallas, Texas 75234  
 Telephone (972) 488-5555 ~ Facsimile (972) 488-5590

**RECORDS REQUEST FORM**

**Email To: Karen.Glantz@writtendeposition.com**

DATE ORDERED	DATE NEEDED:	TRIAL DATE:	DEPO DATE:	MED. DATE:	FD:
CAUSE NO.		ORDERED BY:			
COURT _____ COUNTY _____		ORDERING ATTORNEY			
		STATE BAR NO.			
		LAW FIRM:			
		ADDRESS:			
VS.		C,S,Z:			
		TELEPHONE:		FAX:	
		REPRESENTS:			
		CLIENT MATTER NO.			
<b>OPPOSING COUNSEL –ATTACH LIST</b>					
<b>RECORDS PERTAIN TO:</b>					
NAME:		MIDDLE:		LAST:	
				AKA=S:	
DOB:	SSN:	DOA/DOL:	OTHER:		
TYPE OF RECORDS-CHECK APPLICABLE			INSTRUCTIONS-CHECK ONLY ONE OPTION FOR EACH RECORD TYPE		
<input type="radio"/> ALL MEDICAL RECORDS <input type="radio"/> LIMITED MEDICAL RECORDS - LIST DATE BELOW:			<input type="radio"/> ADMISSIBLE <input type="radio"/> INADMISSIBLE <input type="radio"/> SUBPOENA FOR PRODUCTION <input type="radio"/> AUTHORIZATION ONLY		
<input type="radio"/> ALL BILLING RECORDS <input type="radio"/> BILLING RECORDS – DOA/DOL TO PRESENT <input type="radio"/> OTHER SPECIFIC DATE RANGE:			<input type="radio"/> ADMISSIBLE <input type="radio"/> INADMISSIBLE <input type="radio"/> PAID V. INCURRED(Escobedo Ruling) <input type="radio"/> SUBPOENA FOR PRODUCTION <input type="radio"/> AUTHORIZATION ONLY		
<input type="radio"/> ALL RADIOLOGY FILMS (we will always obtain on CD if possible) <input type="radio"/> LIMITED FILMS – LIST DATE OR TYPES BELOW:			<input type="radio"/> ADMISSIBLE <input type="radio"/> INADMISSIBLE <input type="radio"/> SUBPOENA FOR PRODUCTION <input type="radio"/> AUTHORIZATION ONLY		
<input type="radio"/> EMPLOYMENT/PAYROLL RECORDS			<input type="radio"/> ADMISSIBLE <input type="radio"/> INADMISSIBLE <input type="radio"/> SUBPOENA FOR PRODUCTION <input type="radio"/> AUTHORIZATION ONLY		
<input type="radio"/> EDUCATION RECORDS			<input type="radio"/> ADMISSIBLE <input type="radio"/> INADMISSIBLE <input type="radio"/> SUBPOENA FOR PRODUCTION <input type="radio"/> AUTHORIZATION ONLY		

<input type="checkbox"/> INSURANCE RECORDS – PLEASE PROVIDE CLAIM NO./POLICY NO./INSURED NAME WHEN AVAILABLE-LIST UNDER ‘COMMENTS’ ON PROVIDER LIST	<input type="checkbox"/> ADMISSIBLE <input type="checkbox"/> INADMISSIBLE <input type="checkbox"/> SUBPOENA FOR PRODUCTION <input type="checkbox"/> AUTHORIZATION ONLY
<input type="checkbox"/> SPECIAL REQUEST – ATTACH AN EXHIBIT LIST	<input type="checkbox"/> ADMISSIBLE <input type="checkbox"/> INADMISSIBLE <input type="checkbox"/> SUBPOENA FOR PRODUCTION <input type="checkbox"/> AUTHORIZATION ONLY

**DEFINITIONS**

**ADMISSIBLE:** ‘normal course of business’ questions (No Affidavit necessary)

**INADMISSIBLE:** Non prove up Questions with an Affidavit – you must file Affidavit prior to Trial to ‘prove-up’.

**SUBPOENA FOR PRODUCTION:** No Questions-just records with Affidavit.

**BY AUTHORIZATION:** No Subpoena--records obtained with Affidavit (you must attach HIPAA compliant Authorization).

**HB4-PAID V. INCURRED:** Special ‘Escobedo Ruling’ Billing Questions showing Pd. V Incurred Billing amounts-we will obtain from Date of Loss to present unless instructed otherwise.

**DIRECT BILL INFORMATION (WE WILL SEND OUR BILL DIRECTLY TO THE INSURANCE COMPANY)**

**OTHERWISE – ALL INVOICES WILL BE ATTACHED TO YOUR RECORDS/LEGALS WHEN THEY ARE DELIVERED TO YOU**

INSURANCE COMPANY:	
CLAIM#/ADJUSTER NAME	
ADDRESS/CITY, STATE, ZIP, PHONE #	
SPECIAL INSTRUCTIONS:	

**RECORD LOCATIONS**

**PATIENT NAME:**

<b>PROVIDER:</b>	
<b>ADDRESS:</b>	
<b>PHONE/FAX</b>	
<b>DATES OF SERVICE/COMMENTS:</b>	
<b>PROVIDER:</b>	
<b>ADDRESS</b>	
<b>PHONE/FAX</b>	
<b>DATES OF SERVICE/COMMENTS:</b>	
<b>PROVIDER</b>	
<b>ADDRESS:</b>	
<b>PHONE/FAX</b>	
<b>DATES OF SERVICE/COMMENTS:</b>	
<b>PROVIDER</b>	
<b>ADDRESS:</b>	
<b>PHONE/FAX</b>	
<b>DATES OF SERVICE/COMMENTS:</b>	

**\*\*\*\*\*IF MORE PROVIDERS, PLEASE ATTACH LIST\*\*\*\*\***