

LEGAL IMAGE

421 PORTER ST., # 1., GLENDALE, CA 91205 OFFICE (818) 549-0366 FAX (818) 549-0512
WEBSITE: WWW.LEGAL-IMAGE.NET

Order Number _____

Date: _____

Request Form Authorization Orders

Firm: _____
Attorney: _____
Address: _____
City: _____
Phone: _____
File Number: _____
Contact: _____

Carrier: _____
Adjuster: _____
Address: _____
State & Zip: _____
Phone: _____
Claim Number: _____
Date of Loss: _____
Due Date: _____

Authorization Original _____ Copy _____

Note: If a copy is provided, please specify on the document that a copy is a valid as the original.

Patient Information:

Name: _____ AKA: _____
Date of Birth: _____ Social Security Number: _____
Treatment Date: _____ Dr. Name: _____

Copy Instructions:

Number of Copies: _____

Type of Records: _____ **Medical** _____ **Medical Bills** _____ **Dup. X-Rays**
_____ **Employment** _____ **Insurance** _____ **Public**
_____ **Attorney** _____ **Scholastic** _____ **Other (Specify)**

Local Information:

1. Name: _____ Phone: _____
Address: _____
Contact: _____
Additional Information/Special
Instructions: _____

2. Name: _____ Phone: _____
Address: _____
Contact: _____
Additional Information/Special
Instructions: _____