



Request For Records

Photocopy Service
 1550 Hotel Cir N. Suite
 #440
 San Diego, CA 92108
 tel: 619.233.9700

Knox File #

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