



National Document Imaging

DEFENSE LITIGATION SUPPORT SPECIALISTS

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- Record Review
RUSH
Pagination
CD Rom

- WCAB Request
Civil Request
Personal Injury

Request Date: _____

Due Date: _____

Please Include: [] ADJ# _____

[] HIPPA Autho [] Application of Adjudication

CLIENT / APPLICANT

EMPLOYER / INSURED

Name: _____

Name: _____

AKA: _____

Address: _____

DOB: _____ SSN: _____

City: _____ State: _____ Zip: _____

DOI: _____

Phone: _____ Fax: _____

REQUESTOR

BILLING INFORMATION

Requestor: _____

[] Requestor

Atty: _____ Esq.

Carrier: _____

Firm: _____

Adjuster: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

For: [] Applicant [] Plaintiff [] Defendant

Claim#: _____

CASE CAPTION

OPPOSING COUNSEL

Plaintiff: _____

Atty: _____, Esq

Defendant: _____

Firm: _____

[] Superior [] Municipal [] Federal

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Date: _____ Time: _____ Dept/Div: _____

DELIVERY INSTRUCTIONS

Prepare: [] Deposition Subpoena [] Trial Subpoena

Send To: [] All Parties [] Requestor [] Opp. Counsel [] Other

Discovery Cut-off Date: _____

Attn: _____

Firm/Office: _____

Address: _____

City: _____ State: _____ Zip: _____

COPYING INSTRUCTIONS

[M]edical [B]illing [X]-Ray Films [E]mployment [W]age [C]laim File [O]ther: _____

Table with 5 columns: Code, Location, Address, Phone, Date(s). Contains multiple rows for copying instructions with checkboxes for 'ANY AND ALL'.

By submitting this order form to NATIONAL DOCUMENT IMAGING SERVICES, I / we herewith authorize to act as my / our representative for the purpose of procuring / transferring all records in accordance with the directives contained in this order form.