



Baechler Investigative Services

Litigation Support Section

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Work Order #:

For Junes office use only

RUSH

**CUSTODIAN OF RECORDS
SUBPOENA PREP/AUTHORIZATION RELEASE
MOBILE MEDICAL & BUSINESS RECORDS
COPY AND SCANNING REQUEST**

Date: _____
Client (Name) _____
Firm or Carrier Name: _____
Address _____
City/State/Zip _____
Phone _____
Email: _____ @ _____
Attorney/Adjuster: _____
Attorney For (Name): _____
Client Matter# _____
 Plaintiff Defendant Other

Case Name: _____
vs. _____
Case # _____
Court _____

Notice Opposing Counsel: See Attached List

Firm: _____
Address _____
City/State/Zip: _____
Attn: _____
Phone: _____

APPROVED DIRECT INSURANCE BILLING

CARRIER: _____
STREET ADDRESS: _____
CITY/STATE/ZIP _____
ATTENTION: _____
CLAIM#: _____
DATE OF LOSS: _____

Records of:

Name: _____
Date of Birth: _____
Date of Accident: _____
Social Security #: _____ / _____ / _____
Medical Record #: _____

- Authorization Enclosed
- CD Requested
- Paper-to-Paper Requested

- Prepare & Serve Subpoena D/T
- OCR Requested
- Coding Requested

- Subpoena D/T Enclosed
- Alpha/Numbering

Starting # _____

Records Locations:

LOCATION:	ADDRESS	PHONE#
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

See Attachment for Additional Locations

Deadline: _____ **# of Sets** _____
 Medical Records Business Records
 Billing Records Other: _____
 X-Rays From any & all dates
 Employment Records For dates from: _____
 MISC To: _____

Special Instructions: _____

Net 10 days. over 30 days client agrees to pay 1.5% interest per month plus late fees.