



651 ALLENDALE ROAD • PO Box 61591 • KING OF PRUSSIA, PA 19406
(610) 992-5000 • FAX: (610) 354-8946 • INTERNET: www.recordtrak.com

Requested By: _____ Date: _____
(Your Name) (Your Firm or Company)
Address: _____ Phone: _____
(Street)
Address: _____ Your File #: _____
(City) (State) (Zip)
Rush All Locations: _____ Trial Date: _____ Date Needed: _____ Subpoena: _____ Authorizaton: _____

(Billing Information If Applicable)
Bill To: _____
Address: _____ Attn: _____
Address: _____ Claim #: _____
Insured: _____ Adjuster: _____

Records Pertain To: _____ SSN#: _____
AKA: _____ DOB: _____ DOD: _____
Address: _____
Court Name: _____
(Judicial Forum)
Court Term: _____ Number: _____ Comments: _____
Court Caption: _____

Plaintiff Counsel: _____
(Name) (Firm)
Address: _____ Phone: _____
(Street) (City) (State)
Defense Counsel: _____
(Name) (Firm)
Address: _____ Phone: _____
(Street) (City) (State)
Defense Counsel: _____
(Name) (Firm)
Address: _____ Phone: _____
(Street) (City) (State)

(Attach List Of Additional Attorneys If Needed)

Record Request

(Circle All That Apply)

Medical – Abstract / Full Chart X-Ray – Type: _____ Copy / Original IRS Emp. Billing
Psychiatric
Path. – Type: _____ Blocks / Slides Scholastic Insurance Work. Comp Soc. Sec. Other _____
Location: _____ Phone: _____
Address: _____
Address: _____ Rush This Request: Y ___ N ___
 Any and All including the date of _____ Specific Dates ONLY from _____ to _____

(Use Reverse Side For Additional Locations)

I authorize RecordTrak to act as my representative for the purpose of procuring all records in accordance with the directives on this form and in accordance with the judicial forum described in Court Name.

Requestor's Signature _____

Record Request

(Circle All That Apply)

Medical – Abstract / Full Chart X-Ray – Type: _____ Copy / Original IRS Emp. Billing Psychiatric

Path. – Type: _____ Blocks / Slides Scholastic Insurance Work. Comp Soc. Sec. Other _____

Location: _____ Phone: _____

Address: _____

Address: _____ Rush This Request: Y ___ N ___

Any and All including the date of _____ Specific Dates ONLY from _____ to _____

Record Request

(Circle All That Apply)

Medical – Abstract / Full Chart X-Ray – Type: _____ Copy / Original IRS Emp. Billing Psychiatric

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Location: _____ Phone: _____

Address: _____

Address: _____ Rush This Request: Y ___ N ___

Any and All including the date of _____ Specific Dates ONLY from _____ to _____

Record Request

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Location: _____ Phone: _____

Address: _____

Address: _____ Rush This Request: Y ___ N ___

Any and All including the date of _____ Specific Dates ONLY from _____ to _____

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Any and All including the date of _____ Specific Dates ONLY from _____ to _____

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Address: _____

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Any and All including the date of _____ Specific Dates ONLY from _____ to _____