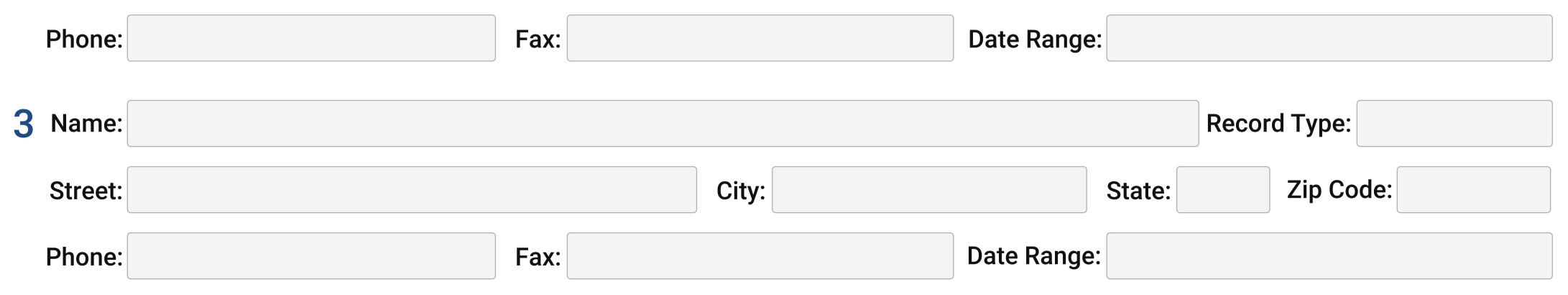
Records Request For Order Date:	— SOLU 1075 N. Tustin St, #6 Phone: (714) 619-244 records@prime	5382 Orange, CA 92863 44 Fax: (714) 619-2445 esolutionsus.com	Add to Existing O	Workers' Compensation Civil / Personal Injury rder: ADJ	
www.primesolutionsus.com REQUESTER					
Firm Name:		Attorney:			
Street:	City	/:	State:	Zip Code:	
Phone:	Fax:	Email:			
Authorized Requesters' Name:		Signature:			
CLA	IMANT		EMPLOYE	ER	
Name:		Name:			
AKA:		Street:			
			Ctata		

DOB:	55N.	City:	State: Zip Code:
ADJ#:	DOI(s):	Phone:	Request Records from Employer

	INSURA	NCE / BILLING		
Name:		Claim Number:		Bill Requester
Street:		City:	State:	Zip Code:
Phone:	Fax:		Request Reco	ords from Insurance Carrier

COPY / SERVE LOCATIONS					
1 Name			Record Type:		
Street	: City:	State:	Zip Code:		
Phone	Fax: Date Range:				
2 Name			Record Type:		
Street	: City:	State:	Zip Code:		



## Submit Records Request Form by email to records@primesolutionsus.com or fax (714)619-2445