

Records Request Form



Order Date:

Court Date:

1075 N. Tustin St, #6382 Orange, CA 92863
Phone: (714) 619-2444 Fax: (714) 619-2445
records@primesolutionsus.com
www.primesolutionsus.com

Workers' Compensation

Civil / Personal Injury

Add to Existing Order:

REQUESTER

Firm Name: Attorney:

Street: City: State: Zip Code:

Phone: Fax: Email:

Authorized Requesters' Name: Signature:

CLAIMANT

Name:

AKA:

DOB: SSN:

ADJ#: DOI(s):

EMPLOYER

Name:

Street:

City: State: Zip Code:

Phone: Request Records from Employer

INSURANCE / BILLING

Name: Claim Number: Bill Requester

Street: City: State: Zip Code:

Phone: Fax: Request Records 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:

Phone: Fax: Date Range:

3 Name: Record Type:

Street: City: State: Zip Code:

Phone: Fax: Date Range:

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