

Arizona Private Detective

Phone: 877 202 9064 Fax 877 202 9065

PHOTOCOPY SERVICE RECORDS REQUEST FORM

Attorney's Name _____ Routine Rush Order Date _____
Attention: _____ Date Needed: _____ File No.: _____
Firm Name: _____ Copies Needed: _____
Address: _____ Index of Hosp. Records _____
_____ Representing Plaintiff Defendant
Telephone: _____ Fax: _____ E-mail: _____

Please Obtain Records of: _____

Any AKA's _____

Date of Birth: _____ Social Security No.: _____ DOI: _____

RECORDS ARE LOCATED AT:

- | | |
|---|---|
| 1. Name of Facility: _____
Address: _____
City, State, Zip: _____
Telephone: _____ | 2. Name of Facility: _____
Address: _____
City, State, Zip: _____
Telephone: _____ |
| 3. Name of Facility: _____
Address: _____
City, State, Zip: _____
Telephone: _____ | 4. Name of Facility: _____
Address: _____
City, State, Zip: _____
Telephone: _____ |

Records Needed _____ Obtain Billing X-Rays

Authorization/Subpoena is Attached Yes No Court _____

Please Prepare Subpoena Yes No Case Number _____ Hearing Date _____

Case Title _____ v. _____ Superior Municipal

Special Instructions/Documents to be Produced _____

OPPOSING COUNSEL LIST OR MAILING LIST

Name	Address	City and State
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

RETAIN A COPY FOR YOUR RECORDS

By signing or submitting this form, you agree to the terms and conditions and privacy policy of this website.

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