

Nell McCallum & Associates, Inc.

BEAUMONT FAX (409) 832-4501

HOUSTON FAX (713) 861-2324

Order via email at info@nellmccallum.com

Records Order Form

(Plaintiff)

vs.

(Defendant)

Cause Number: _____

Judicial District Number: _____

County _____

SPECIAL INSTRUCTIONS:

deposition by written questions-admissible

deposition by written questions-nonadmissible w/ affidavit

signed authorization w/ affidavit

Records on: _____

A/K/A: _____

Date of Birth: _____

Social Security Number: _____

Date of Accident: _____

License Number: _____

Date of Death: _____

COPY INSTRUCTIONS

Copy Only Specified Dates

(All dates will be copied unless specified)

Medical Records Obtain Billing

Reasonable & Necessary

Obtain x-rays Obtain Pathology

Chest Only Chest Only

Obtain Employment Records Obtain Payroll Records

DATE ORDERED: _____

RUSH: YES ___ NO ___

DATE REQUIRED: _____

Efile Case: YES ___ NO ___

Ordering Attorney: _____

Bar No.: _____

Ordered by: _____

Firm: _____

Address: _____

Representing: _____

Representing: Plaintiff ___ Defendant ___

Opposing Counsel: _____

Firm: _____

Address: _____

Telephone Number: _____

Representing: _____

Additional Counsel Attached

DIRECT BILLING INFORMATION

Insurance Company: _____

Claim Number: _____

Supervisor: _____

Insured: _____

Date of Loss: _____

	Request Type	Institution	Address	Phone #	Date(s) of Treatment
1					
2					
3					
4					
5					
6					
7					
8					
9					

Request Types *[1] Medical [2] Radiology ___Chest/Lung [3] Pathology ___Chest/Lung [4] Billing ___Reasonable & Necessary [5] Employment
 [6] Other (please specify)_____

___ deposition by written questions-admissible ___ deposition by written questions-nonadmissible w/ affidavit ___ signed authorization w/ affidavit