

Discovery Records, Inc.

www.discoveryrecordsinc.com

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Ph. 817-424-3672 Fax 817-424-3692
Toll Free 866-4MEDREC

Cause No. _____

Style:

VS.

District County Federal

Judicial District No. _____

County of _____

Attorneys of Record: _____
(List additional separately)

Attorney _____
Firm _____
Address _____
City _____
Telephone _____
Fax _____
Representing _____

Ordered By _____
File Number _____
Date Ordered _____ Needed _____
Trial Deposition Date _____
Attorney _____
State Bar No. _____
Firm Name _____
Address _____
Suite _____
City, State _____
Telephone _____
Fax _____
Representing _____
Send Invoice to _____
Address _____
City, State _____
Claim # _____
Adjuster's Name _____

Attorney _____
Firm _____
Address _____
City _____
Telephone _____
Fax _____
Representing _____

Records Pertaining to:

First _____ Middle _____

Last _____

AKA's _____

DOB _____ DOA _____

SSN _____

Obtain Records By:

- Subpoena Admissable
- Subpoena Non-Admissable (with Affidavit)
- Authorization (with Affidavit)

Type of Records:

- All Medical
- Medical From:
- All Billing
- Billing From:
- Academic
- Films
- Pathology/Slides
- Photographs
- SS/IRS
- Other type:

EMPLOYMENT:

- Personnel
- Payroll
- Insurance

Record Locations:

Patient Name: _____

Location 1:

Name _____
Company _____
Address _____
Address _____
City, ST zip _____
Phone _____ Fax _____
 Additional information/instructions - see below

Location 2:

Name _____
Company _____
Address _____
Address _____
City, ST zip _____
Phone _____ Fax _____
 Additional information/instructions - see below

Location 3:

Name _____
Company _____
Address _____
Address _____
City, ST zip _____
Phone _____ Fax _____
 Additional information/instructions - see below

Location 4:

Name _____
Company _____
Address _____
Address _____
City, ST zip _____
Phone _____ Fax _____
 Additional information/instructions - see below

Location 5:

Name _____
Company _____
Address _____
Address _____
City, ST zip _____
Phone _____ Fax _____
 Additional information/instructions - see below

Location 6:

Name _____
Company _____
Address _____
Address _____
City, ST zip _____
Phone _____ Fax _____
 Additional information/instructions - see below

Location 7:

Name _____
Company _____
Address _____
Address _____
City, ST zip _____
Phone _____ Fax _____
 Additional information/instructions - see below

Location 8:

Name _____
Company _____
Address _____
Address _____
City, ST zip _____
Phone _____ Fax _____
 Additional information/instructions - see below

ADDITIONAL INFORMATION/INSTRUCTIONS:

Record Locations (page 2):

Patient Name: _____

Location 11:

Name _____

Company _____

Address _____

Address _____

City, ST zip _____

Phone _____ Fax _____

Additional information/instructions - see below

Location 12:

Name _____

Company _____

Address _____

Address _____

City, ST zip _____

Phone _____ Fax _____

Additional information/instructions - see below

Location 13:

Name _____

Company _____

Address _____

Address _____

City, ST zip _____

Phone _____ Fax _____

Additional information/instructions - see below

Location 14:

Name _____

Company _____

Address _____

Address _____

City, ST zip _____

Phone _____ Fax _____

Additional information/instructions - see below

Location 15:

Name _____

Company _____

Address _____

Address _____

City, ST zip _____

Phone _____ Fax _____

Additional information/instructions - see below

Location 16:

Name _____

Company _____

Address _____

Address _____

City, ST zip _____

Phone _____ Fax _____

Additional information/instructions - see below

Location 17:

Name _____

Company _____

Address _____

Address _____

City, ST zip _____

Phone _____ Fax _____

Additional information/instructions - see below

Location 18:

Name _____

Company _____

Address _____

Address _____

City, ST zip _____

Phone _____ Fax _____

Additional information/instructions - see below

ADDITIONAL INFORMATION/INSTRUCTIONS:
