



Legal Beagle

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Service Ordered

SUBPOENA - records only	Authorization
SUBPOENA - trial	Copy
SUBPOENA - appearance	

My name is

I need these records by

Medical Exam

Deposition

Arbitration

RUSH

Obtain Waiver

Ordering Firm

Billing Firm

Firm Name

Attorney

Address

City, State, Zip

Phone

File number

Representing

Plaintiff/Claimant
Defendant

Firm Name

Attention

Address

City,State,Zip

Phone

Claim number

Ship To

Firm Name

Attention

Address

City, State, Zip

Phone

Firm Name

Attention

Address

City,State,Zip

Phone

Send Notices To (Consumer's notice- CCP1985.3 & 1985.6)

Firm Name

Attention

Address

City, State, Zip

Phone

Firm Name

Attention

Address

City,State,Zip

Phone

Case Information

Plaintiff

vs. Defendant

Case Number

Superior UNLTD

U.S.D.C.

Country/District

Superior LTD

U.M. ARB.

W.C.A.B.

Other

Records Pertaining To

Name

Medical Records #

AKA

DOI

Date of Birth

SSN

Records From (Check appropriate boxes)

M = Medical Records B = Billing Records X = X-Rays

E = Employment A = Academic P = Payroll I = Insurance

For special instructions, use "Special Instructions" box below.

Name Address City, State, Zip Phone M B X E A P I

Special Instructions

Authorization

I authorize Legal Beagle as our agent in this matter.

(type your name to sign)

Date