



FAX (800) 797-4749
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To view statuses or online records register at <https://www.lexitaslegal.com/carecords>

<p>Date Ordered: Date Needed: Rush: <input type="checkbox"/> Name, Address & Phone of Client: Phone: Person Placing Order: E-mail Address: Attorney-Examiner: E-mail Address: Representing: Name and Address of Opposing Counsel/Party:</p>	<p>Case: Versus: Case Filed?: <input type="checkbox"/> Case Number: What Court?: Court Address: Records by SDT?: <input type="checkbox"/> Records by Autho?:<input type="checkbox"/> Obtain Records: <p style="text-align: center; color: orange; font-size: small;">For Psychiatric, Alcohol / Substance abuse, HIV Aids records, please provide the appropriate HIPPA compliant Release. California Law requires that authorizations for medical records be typed in 14 point type.</p> Bill To: Examiner Name: Claim Number:</p>
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Date of Birth:	Social Security #:	Records of:
Date of Accident:	A.K.A.:	

RECORD TYPE: **M**=MEDICAL **P**=PSYCHIATRIC (INCLUDE RELEASE OR COURT ORDER) **E**=EMPLOYMENT **S**=SCHOOL **B**=BANK **I**=INSURANCE **O**=OTHER **D**=EDEX

Records Type	Records From	Address and Zip Codes	Telephone

Special Instruction or Omissions:

CD Qty: Paper Qty: Download Only: USB Flash Drive: Summary: Index: