307 29th St NE. Ste 101
Puyallup, WA. 98372-6718
PHONE: 253-445-3400/800-507-8273
FAX: 253-445-4425
EMAIL: wainfo@lexitaslegal.com

Request is for: *(check all that apply)*		**RECORDS**		**BILLING**		**FILMS/X-RAYS/MRI**

CLIENT INFORMATION

ATTORNEY ________________________________

FIRM ________________________________

CONTACT ________________________________

ADDRESS ________________________________

____

PHONE ________________________________

E-MAIL ________________________________

CASE INFORMATION

PATIENT/EMPLOYEE NAME ________________________________

BIRTH DATE ________________________________

SOCIAL SECURITY NO. ________________________________

CASE NAME ________________________________

FILE/CLAIM NUMBER ________________________________

CAUSE NUMBER ________________________________

DATE OF LOSS ________________________________

ADJUSTER NAME ________________________________

ADDRESS ________________________________

____

BILL ADJUSTER ☐ BILL ATTORNEY ☐

☐ **Check if Rush**

____

Date needed AND reason for rush

PREFERENCES *(Check applicable fields)*

☐	1 Copy of Records	☐	2 Copies of Records**	☐	Other (please specify)
☐	Records Numbered*	☐	Records Not Numbered		________________
☐	Records Stapled	☐	Records 2-Hole Punched (Top)		________________
☐	Electronic/PDF format	☐	Records 3-Hole Punched (Side)		

*Additional cost for numbering

**Additional cost for 2nd copy of records, includes #'g

Created on 8/19/15 12:46 PM

OPPOSING COUNSEL INFORMATION

ATTORNEY ______________________________

FIRM ______________________________

CONTACT ______________________________

ADDRESS ______________________________

____

PHONE ______________________________

E-MAIL ______________________________

Records requested from the following facilities:
Name, address, telephone & fax, if available. All records requested ***unless*** *date range specified below.*