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RECORDS REQUEST ORDER FORM

Style of case as you wish it to appear on legal papers:

Cause No: _____ Case Filed In: _____
 Subpoena Instructions: _____ Authorization Instructions: _____
 _____ Admissible _____ Inadmissible w/Affidavit _____ Affidavit of No Records _____ Authorization Enclosed
 Special Instructions (Billing, Delivery, Claim #, etc.): _____

Ordered by: _____ **Title:** _____ **Direct Line:** _____
Date Ordered: _____ **Trial Date:** _____ **Deposition Date:** _____ **Other:** _____
 Attorney of Record _____
 Firm _____
 Address _____
 City _____ State _____ Zip _____
 Telephone Number _____ Facsimile _____
 State Bar No. _____ Representing _____

List all attorneys of record:

Attorney _____
 Firm _____
 Address _____
 City _____ State _____ Zip _____
 Telephone Number _____ Facsimile _____
 State Bar No. _____ Representing _____

Records pertain to:

	<i>First</i>	<i>Middle</i>	<i>Last</i>
Date of Accident:	Date of Birth/Age:	S/S No.	
Date of Treatment and Other Identifying Information			
_____ All Medical Records	_____ All Employment Records	_____ All X-Rays	
_____ All Billing Records	_____ All Payroll Records	_____ Other	
Specific Records as Follows			

Records Location(s):	Name	Address	Telephone No.