

# JOHN A. DEMARR, P.I.

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## PHOTOCOPY SERVICE RECORDS REQUEST FORM

Attorney's Name \_\_\_\_\_  Routine  Rush Order Date \_\_\_\_\_  
Attention: \_\_\_\_\_ Date Needed: \_\_\_\_\_ File No.: \_\_\_\_\_  
Firm Name: \_\_\_\_\_ Copies Needed: \_\_\_\_\_  
Address: \_\_\_\_\_ Index of Hosp. Records \_\_\_\_\_  
\_\_\_\_\_ Representing  Plaintiff  Defendant  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please Obtain Records of: \_\_\_\_\_  
Any AKA's \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ DOI: \_\_\_\_\_

### RECORDS ARE LOCATED AT:

1. Name of Facility: \_\_\_\_\_ 2. Name of Facility: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Name of Facility: \_\_\_\_\_ 4. Name of Facility: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Records Needed \_\_\_\_\_  Obtain Billing  X-Rays  
Authorization/Subpoena is Attached  Yes  No Court \_\_\_\_\_  
Please Prepare Subpoena  Yes  No Case Number \_\_\_\_\_ Hearing Date \_\_\_\_\_  
Case Title \_\_\_\_\_ v. \_\_\_\_\_  Superior  Municipal  
Special Instructions/Documents to be Produced \_\_\_\_\_

### OPPOSING COUNSEL LIST OR MAILING LIST

Name	Address	City and State
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**RETAIN A COPY FOR YOUR RECORDS**