

# PLATINUM COPY

Date Ordered:

Date Needed:

Applicant Information	
Name:	<input type="text"/>
AKA:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
Phone:	<input type="text"/>
DOB:	<input type="text"/>
Social Sec #:	<input type="text"/>

Case Information	
Injury Date:	<input type="text"/>
Case #(s):	<input type="text"/>
Venue:	<input type="text"/>
	<input type="text"/>
Defendant:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>

Ordering Party	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
Ordered By:	<input type="text"/>
Firm:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>

Parties Involved	
Insurance Carrier:	<input type="text"/>
	<input type="text"/>
Claim #:	<input type="text"/>
Adjuster:	<input type="text"/>
Opposing Atty:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Deliver Records To	<input type="checkbox"/> Same
Name:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>

Number of Sets:	<input type="text"/>	Locations	<input type="checkbox"/> Double Sided <input type="checkbox"/> Single Sided
Name:	<input type="text"/>	Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Phone:	<input type="text"/>	Phone:	<input type="text"/>
File #:	<input type="text"/>	File #:	<input type="text"/>
Records Type:	<input type="checkbox"/> Prepare SDT <input type="checkbox"/> Authorization Attached	Records Type:	<input type="checkbox"/> Prepare SDT <input type="checkbox"/> Authorization Attached

Name:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
Phone:	<input type="text"/>
File #:	<input type="text"/>
Records Type:	<input type="checkbox"/> Prepare SDT <input type="checkbox"/> Authorization Attached

Name:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
Phone:	<input type="text"/>
File #:	<input type="text"/>
Records Type:	<input type="checkbox"/> Prepare SDT <input type="checkbox"/> Authorization Attached

**Attach a copy of the Claim Form and Application**

**PLATINUMCOPY.COM**

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