

EXPRESS RECORDS
5862 CROMO DRIVE, SUITE # 205
EL PASO, TEXAS 79912
(915) 584-9890 Fax (915) 584-5490
info@expressrecords.net

RECORDS REQUEST FORM

_____, §
Plaintiff(s), §
v. § Cause No. _____
_____, §
Defendant(s). §

Date Requested: ____/____/____

Requesting Attorney: _____ State Bar No. _____

Attorney Tel. No. _____ Paralegal/Secretary: _____

Representing: Plaintiff(s) _____ or Defendant(s) _____ Name: _____

Opposing Counsel: _____

___ Deposition by Written Questions, Subpoena Duces Tecum with Affidavit

___ Subpoena Duces Tecum with Affidavit

___ Affidavit – By Authorization

___ Paper Copy

___ Bate Stamp/ Page Numbering

___ On CD

___ By e-mail (your e-mail address) _____

___ Paper copy, on CD, and by e-mail _____

___ other, please indicate _____

___ Medical ___ Billing ___ X-rays ___ Business ___ Academic ___ Personnel

___ Billing (reasonable and necessary charges)

___ Other (specify) _____

Re: Name: _____

SSN: _____ DOB: ____/____/____ DOI: ____/____/____

Records starting from: ____/____/____ to ____/____/____

- Providers to obtain from: 1. _____ 2. _____
(Please list Name, address
and tel. no.)
(Attach additional pgs.
for more providers) 3. _____ 4. _____

Billing to: Attorney or Ins. Co./Adjuster _____
Address _____
Claim # _____

Additional
Instructions: _____
