

CD PHOTOCOPY SERVICE INC.

WORKERS' COMPENSATION SPECIALISTS

Date Requested:

Date Due:

APPLICANT/CLAIMANT INFORMATION

REQUESTING FIRM

Name: _____
 AKA: _____
 DOB: _____
 SSN: _____
 Claim #: _____
 Injury Date: _____
 Injury: _____
 WCAB #: _____
 Employer: _____

Requested By: _____
 Firm: _____
 Claims Examiner: _____
 Examiner's Phone # and Extension #: _____
 Address: _____
 City, State, Zip _____
 Email: _____
 Hard Copy Sets of Records? How Many Sets?
 Records on CD?: How Many Sets?
 Please Review Records and Provide a Summary Report yes/no

APPLICANT ATTORNEY

Firm: _____
 Address: _____
 City, State, Zip _____
 Phone # : _____

CC Applicant Attorney with Records: Yes/No
 Hard Copy Sets of Records? How Many Sets?
 Records on CD?: How Many Sets?

DEFENSE ATTORNEY

Firm: _____
 Address: _____
 City, State, Zip _____
 Phone # : _____
 Email: _____

CC Defense Attorney with Records: Yes/No
 Hard Copy Sets of Records? How Many Sets?
 Records on CD?: How Many Sets?

MISCELLANEOUS INSTRUCTIONS:

REVIEW DOCTOR: CC Review Doctor with Records: Yes/No
 Name/Location: _____
 Address: _____
 City, State, Zip _____
 Phone # : _____
 Type of Records to Send: How many Sets?

LOCATIONS TO SERVE

Name/Location: _____ Address: _____ City, State, Zip _____ Phone # : _____ Type of Records: _____	Name/Location: _____ Address: _____ City, State, Zip _____ Phone # : _____ Type of Records: _____
Name/Location: _____ Address: _____ City, State, Zip _____ Phone # : _____ Type of Records: _____	Name/Location: _____ Address: _____ City, State, Zip _____ Phone # : _____ Type of Records: _____
Name/Location: _____ Address: _____ City, State, Zip _____ Phone # : _____ Type of Records: _____	Name/Location: _____ Address: _____ City, State, Zip _____ Phone # : _____ Type of Records: _____

CD PHOTOCOPY SERVICE INC.

WORKERS' COMPENSATION SPECIALISTS

Date Requested:

APPLICANT/CLAIMANT INFORMATION

Name: _____

Employer: _____

LOCATIONS TO SERVE

Name/Location: _____ Address: _____ City, State, Zip _____ Phone # : _____ Type of Records: _____	Name/Location: _____ Address: _____ City, State, Zip _____ Phone # : _____ Type of Records: _____
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