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Long Beach, CA 90809-0459

Workers' Compensation Request
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CLIENT & BILLING INFORMATION

Order Date: _____ Required Date: _____ Ordered By: _____ Attorney Carrier
Regular Rush Super Rush (\$50 Extra per Location) Send Invoice To: _____ Attorney Carrier
Attorney's Name: _____ Carrier Name: _____
Firm Name: _____ Adjustor Name: _____
Address: _____ Address: _____
Phone: () _____ Fax: () _____
File #: _____ Contact Person: _____ Claim File #: _____ Date of Loss: _____
Email Address: _____ Email Address: _____

SUBPOENA INFORMATION

Case Caption: _____ Applicant Attorney/Pro-Per: _____
vs. _____ Address: _____
WCAB Case Number: _____
 SUBPOENA: Records Only Trial or Deposition - Appear Only
 Trial Deposition Appear with Records Hostile Witness? Y/N _____
 AUTHORIZATION Expiration Date _____ Judge: _____ Date: _____ Time: _____

COPY RECORDS PERTAINING TO:

Name: _____
AKA: _____
Date of Birth: _____
Social Security Number: _____

SEND COPIES TO:

Carrier: _____ Paper _____ CD _____ Download
Defense Attorney: _____ Paper _____ CD _____ Download
Applicant Attorney: _____ Paper _____ CD _____ Download
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Other Address: _____

SERVE/COPY RECORDS AT:

		Record Codes/ Limit Dates	Medical Summary?
1. Location: _____	Phone Number: () _____	Codes: _____	Yes <input type="checkbox"/>
Address: _____		Limit Dates: _____	
2. Location: _____	Phone Number: () _____	Codes: _____	Yes <input type="checkbox"/>
Address: _____		Limit Dates: _____	
3. Location: _____	Phone Number: () _____	Codes: _____	Yes <input type="checkbox"/>
Address: _____		Limit Dates: _____	

Additional Locations Attached **Special Instructions:** _____

RECORD CODES

SEND MORE: Forms Envelopes

MEDICAL RECORDS

FILMS

OTHER

- M - Medical Records
- B - Medical Billing
- R - Film Reports**
- P - Psychiatric Records
- S - Sign-in Sheets

- X - X-rays
- Q - MRI's
- Z - CT Scans
- EMPLOYMENT
- E - Employment Records
- Y - Payroll Records

- A - Academic Records
- I - Insurance Records
- T - Court File
- W - WCAB File
- D - EDEX Report
- O - Other _____