

Hover View Investigations

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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 •

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: _____
Area Code; Telephone: _____ Area Code; Telephone: _____

3. Name of Facility: _____ 4. Name of Facility: _____
Address: _____ Address: _____
City, State, Zip: _____ City, State, Zip: _____
Area Code; Telephone: _____ Area Code; Telephone: _____

Records Needed _____ Obtain Billing • X-Rays •
Authorization or Subpoena is Attached • Court _____
Please Prepare Subpoena _____ 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