

# Keais Records Service, Inc.

## FAX Order Form

713.224.6880

Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State Bar/Fed. I.D. Number: \_\_\_\_\_

Ordered by: \_\_\_\_\_

Firm: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Representing: \_\_\_\_\_

### Case Information

Plaintiff: \_\_\_\_\_

\_\_\_\_\_

Defendant: \_\_\_\_\_

\_\_\_\_\_

Cause No.: \_\_\_\_\_

Court: \_\_\_\_\_

### Attorneys of record:

Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

State Bar/Fed. I.D. No.: \_\_\_\_\_

Firm: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Representing: \_\_\_\_\_

Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

State Bar/Fed. I.D. No.: \_\_\_\_\_

Firm: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Representing: \_\_\_\_\_

### Types of Records Requesting:

\_\_\_\_\_ Medical

\_\_\_\_\_ Billing

\_\_\_\_\_ X-rays

\_\_\_\_\_ Admissible by Subpoena

\_\_\_\_\_ Personnel

\_\_\_\_\_ Payroll

\_\_\_\_\_ Bank

\_\_\_\_\_ Inadmissible by Subpoena

\_\_\_\_\_ Academic

\_\_\_\_\_ Police

\_\_\_\_\_ Fire

\_\_\_\_\_ Affidavit by Authorization

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**Records Pertain To:**

\_\_\_\_\_

a/k/a: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Accident: \_\_\_\_\_

**Records Locations:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Date of Treatment: \_\_\_\_\_

Note: Any and all records will be requested unless otherwise specified.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Date of Treatment: \_\_\_\_\_

Note: Any and all records will be requested unless otherwise specified.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Date of Treatment: \_\_\_\_\_

Note: Any and all records will be requested unless otherwise specified.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Date of Treatment: \_\_\_\_\_

Note: Any and all records will be requested unless otherwise specified.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Date of Treatment: \_\_\_\_\_

Note: Any and all records will be requested unless otherwise specified.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Date of Treatment: \_\_\_\_\_

Note: Any and all records will be requested unless otherwise specified.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Date of Treatment: \_\_\_\_\_

Note: Any and all records will be requested unless otherwise specified.