

WCAB Request:

Civil Request/ P.I.:

Date of Request:



CALIFORNIA IMAGING SOLUTIONS
406 Broadway #333, Santa Monica, Ca. 90401
Tel.: (213) 381-3508 Fax.: (213) 738-1899
RUSH

APPLICANT / PLAINTIFF INFORMATION

Name: _____
A.K.A: _____
Birth Date: _____
Social Sec. #: _____
Injury Date: _____

REQUESTING PARTY

APPLICANT/PLAINTIFF DEFENSE

Firm: _____
Attorney: _____
Contact: _____
Street: _____
City, State, Zip: _____
Telephone: _____ Fax: _____

DELIVER TO - REQUESTER - OTHER

Firm: _____
Contact: _____
Street: _____
City, State, Zip: _____
Number of Sets: - - Paper - - CD - - Both

PARTIES TO THE CASE

WCAB Case No.: _____

INSURANCE CARRIER INFORMATION

Carrier Name: _____
Claim No.: _____
Adjuster Name: _____
Street: _____
City, State, Zip: _____
Telephone No.: _____ Fax: _____

EMPLOYER INFORMATION

Employer: _____
Street: _____
City, State, Zip: _____
Telephone No.: _____ Fax: _____

DEFENSE ATTORNEY

Firm Represents: _____
Opposing Attorney: _____
Firm: _____
Street: _____
City, State, Zip: _____
Telephone No.: _____ Fax: _____

CODES: [M]edical [B]illing [X]-RAY [E]mployment [W]age [C]laim File [O]ther

CODE	Facility :	Street Address:	City/ State/ Zip:	Phone:	DR./ Contact:

Please provide any additional information on a separate sheet

SPECIAL INSTRUCTIONS: