WCAB Request:	
Civil Request/ P.I.:	
Date of Request:	

SPECIAL INSTRUCTIONS:



CALIFORNIA IMAGING SOLUTIONS

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

ADDI ICANIT (DI AINITIEE INFORMATION		A DITIES TO THE SASE		
APPLICANT / PLAINTIFF INFORMATION	ŀ	PARTIES TO THE CASE		
Name:	1	WCAB Case No.:		
A.K.A:		INSURANCE CARRIER INFORMATION		
Birth Date:		Carrier Name:		
Social Sec. #:		Claim No.:		
Injury Date:		Adjuster Name:		
		Street:		_
REQUESTING PARTY		City,State, Zip:		
APPLICANT/PLAINTIFF D	EFENSE 7	Telephone No.:	Fax:	
_		EMPLOYER INFORMATION		
Firm:	Employer:			
Attorney:	Street:			
Contact:	(_ City, State, Zip:		
Street:	7	Telephone No.: Fax:		
City,State. Zip:		DEFENSE ATTORNEY		
Telephone:	Fax:	DEFENSE ATTORNEY		
DELIVER TO - REQUESTER	UITER	Firm Represents:		
Firm:		Opposing Attorney:		
Contact:	Firm:			
Street:		_ Street: City, State, Zip:		
City, State, Zip:		Telephone No.: Fax:		
Number of Sets: - Paper -	- CD - Both 🗂			
raper - raper -	DOLLI DOLLI			
CODES: [M] edical [B] illing [X]-RAY [E] mployment [W] age [C]	laim File [O] ther	
CODE Facility:	0, ,,,,,	City/ State/ Zip:	Phone:	DR./ Contact:
Tability.	Street Address:	Oity/ State/ Zip.	i none.	DIV./ Contact.

Please provide any additional information on a seperate sheet