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**WORKERS' COMP – QUICK ORDER FORM**

***\*\*FAX WCAB APPLICATION AND DWC FORM\*\****

**Fax: (310) 831-1183**

**REQUESTOR & BILLING INFORMATION:**

REQUEST BY: \_\_\_\_\_

FIRM: : \_\_\_\_\_

ADDRESS: : \_\_\_\_\_

CITY, STATE ZIP: : \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

REPRESENTING: APPLICANT ☐ DEFENDANT: ☐

APPLICANT: \_\_\_\_\_

**PLEASE OBTAIN RECORDS FROM THE FOLLOWING LOCATIONS:**

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please send additional sets of records to:**

\_\_\_\_\_  
\_\_\_\_\_

**Special Instructions:**

\_\_\_\_\_  
\_\_\_\_\_

**Reminder: *\*\*FAX WCAB APPLICATION AND DWC FORM\*\****