



Medi-Records Reproductions, Inc.

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San Pedro, CA 90733

Phone: (310) 547-9308 – Toll Free (866) 581-2100

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**