

Allegro Record Solutions  
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**SUBPOENA ORDER SHEET**

**PLEASE ENTER THE CORRECT CODE FOR THE TYPE OF RECORDS DESIRED:**

**H-HOSPITAL • D-DOCTOR • C-CLINIC • E-EMPLOYMENT • I-INSURANCE • P-POLICE • B-BANK • S-SCHOOL • O-OTHER**

| <u>CODE</u> | NAME & ADDRESS OF DEPONENT(S) SUBPOENA IS DIRECTED TO: | DATES OF TREATMENT |
|-------------|--|--------------------|
| 1.          | _____  | _____              |
| 2.          | _____  | _____              |
| 3.          | _____  | _____              |
| 4.          | _____  | _____              |
| 5.          | _____  | _____              |

NAME OF CASE: \_\_\_\_\_  
COURT NO: \_\_\_\_\_ COURT: \_\_\_\_\_  
NOTES: \_\_\_\_\_

RECORDS OF: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SOCIAL SECURITY NO: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
DATE OF ACCIDENT: \_\_\_\_\_ IF EMPLOYMENT RECORDS SPECIFY YEARS: \_\_\_\_\_  
**SPECIFY WHAT RECORDS ARE NEEDED** (ALL RECORDS WILL BE SENT UNLESS OTHERWISE SPECIFIED): \_\_\_\_\_

**PLAINTIFF ATTORNEY:** \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
**DEFENDANT ATTORNEY:** \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
**CO-DEFENDANT ATTORNEY:** \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**FIRM REQUESTING RECORDS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_ **FAX:** \_\_\_\_\_  
**DATE OF REQUEST:** \_\_\_\_\_ **ATTENTION:** \_\_\_\_\_  
**FILE NO.:** \_\_\_\_\_ **CLAIM NO.:** \_\_\_\_\_  
**DIRECT BILLS TO:** \_\_\_\_\_

(YOU MUST TYPE INS. CO. NAME, ADDRESS AND CLAIM/MATTER NO, IF APPLICABLE)

**DELIVER TO:** \_\_\_\_\_  
**NOTES:** \_\_\_\_\_