

Allegro Record Solutions
7373 N. Lincoln Avenue, Lincolnwood, IL 60712
info@allegrodatasolutions.com • 847-499-7600

AUTHORIZATION 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: _____