



Litigation Solutions Incorporated

## Record Procurement Request Form

(Please Type or Print Clearly)

### Requestor Section:

Attorney: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Represents: \_\_\_\_\_

Contact: \_\_\_\_\_ File#: \_\_\_\_\_

### Bill To Section:

Bill To Name: \_\_\_\_\_ Office: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Claim#: \_\_\_\_\_

### Subject Section:

Subject Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Subject Address: \_\_\_\_\_

### Case Information:

Case Caption: \_\_\_\_\_

County: \_\_\_\_\_ Court: \_\_\_\_\_

Docket or Bureau#: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

### Judge's Information (for Worker's Compensation Cases):

Judge: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

### How do you wish to obtain the requested materials?

- Authorizations will be sent via fax or mail
  Please Subpoena
  Please Procure Authorizations

### Global Instructions:

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#### PITTSBURGH CORPORATE OFFICE

Brentwood Towne Centre  
 101 Towne Square Way, Ste. 251  
 Pittsburgh, PA 15227  
 Main No: (412) 263-5656  
 Fax No: (412) 882-3477

**Provider Request Section:**

Provider Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Request Time Frame (check the one that applies):  From DOB to Present  From \_\_\_\_\_ to \_\_\_\_\_

Specific Dates (please identify) \_\_\_\_\_

Types of Materials to Request (please check all that apply):  Medical  Films  Billing  Insurance

Employment  Scholastic  Other (Please describe in the note section below.)

Request Notes: \_\_\_\_\_

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**LSI**  
Litigation Solutions Incorporated

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**Request Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Plaintiff's Counsel Information:**

**Plaintiff's Counsel:** \_\_\_\_\_ **Firm:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Represents:** \_\_\_\_\_

**Other Interested Counsel:**

**Counsel:** \_\_\_\_\_ **Firm:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Represents:** \_\_\_\_\_

**Counsel:** \_\_\_\_\_ **Firm:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Represents:** \_\_\_\_\_

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