

DDS

ATTORNEY • COPY • MESSENGER
SERVICES



DEPOSITION SUBPOENA AUTHORIZATION REQUEST FORM

Order Date:

Routine Rush

(714) 662-5555 (213) 482-5555
FAX (714) 662-3379 FAX (213) 482-5006

Attorney's Name	SBN #:	Phone Number:
Attention:	Date Needed:	File Number:
Firm Name:	Copies Needed:	
Address:	Index of Hosp. Records:	
Representing: Plaintiff Defendant		

Please Obtain Records Of:

Any AKA's

Date of Birth: Social Security No.: DOI:

RECORDS ARE LOCATED AT:

<p>1. Name of Facility _____</p> <p>Address _____</p> <p>City State Zip</p> <p>Telephone _____</p>	<p>2. Name of Facility _____</p> <p>Address _____</p> <p>City State Zip</p> <p>Telephone _____</p>
<p>3. Name of Facility _____</p> <p>Address _____</p> <p>City State Zip</p> <p>Telephone _____</p>	<p>4. Name of Facility _____</p> <p>Address _____</p> <p>City State Zip</p> <p>Telephone _____</p>
<p>5. Name of Facility _____</p> <p>Address _____</p> <p>City State Zip</p> <p>Telephone _____</p>	<p>6. Name of Facility _____</p> <p>Address _____</p> <p>City State Zip</p> <p>Telephone _____</p>

Records Needed: Obtain Billing X-Rays

Authorization or Subpoena is Attached Court:

Please Prepare Subpoena: Case Number: Hearing Date:

Case Title: vs. Unltd. Ltd.

Special Instruction/Documents to be Produced (use separate sheet if necessary):

OPPOSING COUNSEL LIST OR MAILING LIST

Name	Address	City and State
1.		
2.		
(use separate sheet if necessary)		