



THE ECHO COMPANY

MWM ENTERPRISES, INC.

Records Request

Phone (916) 646-1936 • Fax to: (916) 646-1946 • Email: records@theechocompany.com

Case Name _____ Date _____

vs. _____ Requesting Firm: _____

WCAB # _____ Atty. or Adj. _____

Records of: _____ SSN: _____

Date of Birth: _____ Date of Accident: _____

Date Needed: ___ within 30 days or by specific date _____

Type of Records: Medical ___ Employment ___ Bills ___ Other ___

Media Type: Paper Only ___ CD Rom Only ___ Download from Web Only ___ Paper&CD Rom ___

Download & CD Rom ___ Paper & Download ___ Paper, Download & CD Rom ___

Other Parties Entitled to Notice _____ Bill to: _____

_____ Claim #: _____

	Facility	Address	City	Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Do you need?

X-Ray Films Yes ___ No ___

Bills and Statements Yes ___ No ___

Special Instructions:
