



# THE ECHO COMPANY

MWM ENTERPRISES, INC.

## RECORDS REQUEST

Case Name \_\_\_\_\_ Date \_\_\_\_\_

vs. \_\_\_\_\_ Requesting Firm \_\_\_\_\_

WCAB # \_\_\_\_\_ Atty. or Adj. \_\_\_\_\_

Type of Records:  Medical  Employment  Bills  Other

Date Needed \_\_\_\_\_ RUSH  (if less than 15 days)

Other Parties Entitled to Notice \_\_\_\_\_ Bill To: \_\_\_\_\_

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

Records of \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Accident \_\_\_\_\_

	From	Address	Zip	Phone
1.				
2.				
3.				
4.				
5.				

Do you need...

X-Ray Films  Yes  No Bills and Statements  Yes  No

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_