



United Document Imaging
7119 Broadway Ave
Whittier, CA 90606
Office (562)699-7168
Fax (866)500-9086

WC PI CL

EDEX REPORT:

DATE ORDERED:

ORDER DUE DATE:

APPLICANT / PLAINTIFF INFORMATION

NAME:
 A.K.A:
 BIRTH DATE:
 SOCIAL SEC #:
 INJURY DATE:
 CAN WE CONTACT THE APPLICANT IF WE EXPERIENCE TROUBLE
 LOCATING RECORDS? (INCLUDE PHONE NO)
 PHONE NO:

REQUESTING PARTY

APPLICANT/PLAINTIFF DEFENSE
 ORDERED BY:
 STREET:
 CITY, ST. ZIP:

DELIVER RECORDS TO

FIRM:
 STREET:
 CITY, ST. ZIP:
 NUMBER OF SETS: PAPER CD BOTH

PARTIES TO THE CASE

WCAB CASE NO:
 REQUEST CLAIM FILE?
 CARRIER:
 CLAIM NO:
 ADJUSTER:
 STREET:
 CITY, ST ZIP:
 PHONE: FAX:

REQUEST EMPLOYMENT FILE?
 EMPLOYER:
 STREET:
 CITY, ST ZIP:
 PHONE: FAX:

OPPOSING ATTORNEY:
 FIRM:
 STREET:
 CITY, ST. ZIP:
 PHONE: FAX:

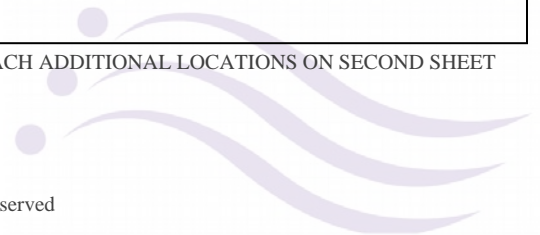
PLEASE OBTAIN RECORDS FROM THE FOLLOWING LOCATIONS

NAME:
 STREET:
 CITY, ST. ZIP:
 PHONE NO:
 FAX NO:
 TYPE RECORDS:
 PREPARE SDT AUTHO ATTACHED
 COPY DATES

NAME:
 STREET:
 CITY, ST. ZIP:
 PHONE NO:
 FAX NO:
 TYPE RECORDS:
 PREPARE SDT AUTHO ATTACHED
 COPY DATES

SPECIAL INSTRUCTIONS

PLEASE ATTACH ADDITIONAL LOCATIONS ON SECOND SHEET





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ADDITIONAL LOCATIONS FOR APPLICANT:

WCAB CASE NO:

NAME:
STREET:
CITY, ST. ZIP:
PHONE NO:
FILE NO:
TYPE RECORDS:
PREPARE SDT
COPY DATES

AUTHO ATTACHED

NAME:
STREET:
CITY, ST. ZIP:
PHONE NO:
FILE NO:
TYPE RECORDS:
PREPARE SDT
COPY DATES

AUTHO ATTACHED

NAME:
STREET:
CITY, ST. ZIP:
PHONE NO:
FILE NO:
TYPE RECORDS:
PREPARE SDT
COPY DATES

AUTHO ATTACHED

NAME:
STREET:
CITY, ST. ZIP:
PHONE NO:
FILE NO:
TYPE RECORDS:
PREPARE SDT
COPY DATES

AUTHO ATTACHED

NAME:
STREET:
CITY, ST. ZIP:
PHONE NO:
FILE NO:
TYPE RECORDS:
PREPARE SDT
COPY DATES

AUTHO ATTACHED

NAME:
STREET:
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AUTHO ATTACHED

NAME:
STREET:
CITY, ST. ZIP:
PHONE NO:
FILE NO:
TYPE RECORDS:
PREPARE SDT
COPY DATES

AUTHO ATTACHED

NAME:
STREET:
CITY, ST. ZIP:
PHONE NO:
FILE NO:
TYPE RECORDS:
PREPARE SDT
COPY DATES

AUTHO ATTACHED