Submit

GEMINI DUPLICATION
9645 W. Grove Ave.
Visalia, CA 93291
877 739 7481 phone
877 739 7498 fax

ORDER FORM FAX 877.739.7498

Order Date_____ Need By Date_____ Hearing Date _____

CASE INFO

Case Type_____ Case No_____
Court Address_____
Applicant / Plaintiff_____
Defendant_____

RECORDS OF

Name_____
AKA_____
SSN_____
DOB_____ DOI_____

REQUESTOR

Requestor Name_____ Requestor Represents_____
Attorney_____ Bar No._____
Address_____ Phone_____ Fax_____
City, State, Zip_____ Contact_____

BILLING

Bill To_____ Phone_____
Attorney / Adjustor_____ Fax_____
Address_____ Claim No_____
City, State, Zip_____ Insured_____

PARTIES

Opposing Counsel_____ Attorney_____ Phone_____
Address_____ City, State, Zip_____ Fax_____

DELIVERY

Deliver _____ Sets to Requestor. Deliver _____ Sets to Other. (example, treating physician, QME, etc., specify below)

Name_____ Name_____
Address_____ Address_____
City, State, Zip_____ City, State, Zip_____
Special Delivery Instructions_____

PLEASE INCLUDE: RECORDS TYPE, NAME OF LOCATION, LOCATION ADDRESS, LOCATION PHONE & DATES IF APPLICABLE

For workers' compensation cases, where case number not available, please attach Application of Adjudication for claims or employment records.
Signed HIPAA Authorization is required for requests for medical records out of state or in-state without Application for Adjudication or case number.