

# Service Request Form

Pane and Associates Document Retrieval Services  
A Disabled Veteran Owned Business  
DVBE Number: 6525  
P.O. Box 191452  
Sacramento, CA 95819

Entity Requesting Records: \_\_\_\_\_

Representative: \_\_\_\_\_ Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I \_\_\_\_\_, authorize Pane and Associates  
Document Retrieval Services to

obtain records of (Pt name): \_\_\_\_\_ (DOB): \_\_\_\_\_

On my behalf, from the office of \_\_\_\_\_

Located at(address) \_\_\_\_\_

(city) \_\_\_\_\_ (zip) \_\_\_\_\_

Date(s) requesting Records from \_\_\_\_\_ to \_\_\_\_\_

Medical record#: \_\_\_\_\_ Insurance Claim#: \_\_\_\_\_

Court Case#: \_\_\_\_\_ Location of Court: \_\_\_\_\_

Including:

Progress Notes     Histories     Lab Reports  
 X-Rays     X-Ray Reports     Discharge Summaries  
 Pathology Reports     Billing/Insurance     Physicals

I understand that I will be charged a fee of \$25.00 plus .25 per page for such services and Pane and Associates, Document Retrieval Services will notify us/our office, if the fee to obtain records exceeds \$65.00.

I further understand that if a witness/access fee is demanded by the medical facility or entity holding records that a \$2.00 per check charge will apply.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_