



Date of Referral:	Adjuster/Client:	Adjuster/Client E-mail:
Company Name/Address:		
Claimant:	SSN:	DOB:
Claimant Address:		
Date of Accident:	Claim Number:	WCB Number:
Accepted Injury Site(s):		
Attorney:	Attorney Phone:	
Attorney Address:		
Special Instructions for File:		

Are you in receipt of a signed HIPAA authorization from the claimant? Yes No

If no, please indicate which authorization you would like our office to obtain:

- HIPAA (No mental health info.) HIPAA (mental health info. Included)
- OC-110A
- Other (please be specific): _____

Please check off the services to be performed:

- Canvass Plus Service** (Includes medical canvass report, medical record retrieval, HIPAA and OC-110A)
- Medical Canvass Report
 - Hospital Canvass (15 maximum or 20 mile radius)
 - Pharmacies (15 maximum or 20 mile radius)
 - Clinic (10 maximum or 20 mile radius)
 - All-inclusive canvass (including the three above)**
 - Additional canvass (specified radius over 20 miles)
 - Specialty Canvass (Orthopedic, Chiropractic, etc – 15 max or 20 mile radius) SPECIALTY _____
- Medical Record Retrieval
 - Background medical investigation (medical questionnaire) via claimant/claimant's counsel
 - Retrieve medical records from providers****
 - Identify and retrieve records from additional providers

****Medical records being requested:**

- Prior Medicals Only Current Medicals Only Any and All Medical Records