

ORDER FORM

SPEED RATING

P.O. Box 941
Placentia, CA 92871
(800) 408-8883
Fax (562) 947-7163
Email: mark@speedrating.com

Order Date:

Due Date:

Party Requesting Service

Office Name:

Individual Name:

Mailing Address: City: Zip:

Phone Number:

File / Claim #:

Injured Worker:

Occupation: (Provide explanation if necessary)

Employer:

Social Security #:

Date of Birth:

Date of Injury:

Medical Report

Physician Name:

Date of Report:

If not using an order form, simply include the injured worker's date of birth and occupation, and your mailing address when sending / faxing medical report.