

**McCoy Investigations File #\_\_\_\_\_**  
**(318) 346-4700**  
**(318) 346-1445 (Fax)**

**CLIENT INFORMATION**

Client \_\_\_\_\_ Date \_\_\_\_\_  
Client File # \_\_\_\_\_ Client Phone# \_\_\_\_\_  
Client Address \_\_\_\_\_ Requested By \_\_\_\_\_  
\_\_\_\_\_ Insured \_\_\_\_\_

**CLAIMANT INFORMATION**

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Spouse \_\_\_\_\_  
Alternate Address \_\_\_\_\_  
SSN \_\_\_\_\_ DL# \_\_\_\_\_  
Misc. \_\_\_\_\_  
Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Glasses \_\_\_\_\_ Other \_\_\_\_\_  
DOL \_\_\_\_\_ Type of Injury \_\_\_\_\_ Restrictions \_\_\_\_\_  
Vehicle Info. \_\_\_\_\_ Occupation \_\_\_\_\_  
Treating  
Physician \_\_\_\_\_  
Any Scheduled Apts. \_\_\_\_\_  
Represented ? \_\_\_\_\_

**AUTHORIZATION**

Time Authorized \_\_\_\_\_  
Specific Days \_\_\_\_\_  
Video Requested \_\_\_\_\_ Quantity \_\_\_\_\_ Format \_\_\_\_\_ VCD \_\_\_\_\_ DVD \_\_\_\_\_