



COVER INSTRUCTION SHEET

Instruction Type: *(tick if required)*

Collation & Indexing

Chronology & Memo

Digital Booklet

Schedule of Radiology

Radiology Disc Passwords *provided below*

or
see separate letter provided

Additional Instructions: *(tick if required)*

Legal Aid Case (90 days payment terms)

Dispose of original unpaginated records?

Store digital records until claim concluded?

Dispose of blank/duplicate/photocopied records?

Urgent turnaround needed? *If yes, specify required return date here:*

Summary Chronology Only?

If the following information is not provided in an accompanying instruction letter, please specify:

Your Firm Name:		
Firm's Address:		
Fee Earner's Name:		
File Reference:		
Contact Email:		
Contact Telephone:		
Claimant's Name:		
Defendant's Name:		
Injury Date:		
Case Type:		
Record Providers:	1.	
	2.	
	3.	
	4.	
	5.	

Signed: _____

Print Name: _____

Date: _____