

# CLIENT COVER INSTRUCTION SHEET



Please tick the relevant service boxes to instruct your selection choice  
Send to support@dmrcollation.co.uk or Unit 9-12 The Watermark Business Centre,  
Erme Court, Leonards Road, Ivybridge, Devon, PL21 0SZ

**Invoice Terms:**

Hourly Rate

Fixed Fee

Is this a Legal Aid Case?

(if so, we can provide 90-day payment terms)

**Instruction Type (please select either Option 1 or Option 2):**

<p><u>(1) Collation Only</u></p> <p style="text-align: center;">Collation &amp; Indexing</p> <p style="text-align: center;">Missing Records Review</p>	<p><u>(2) Collation &amp; Chronology (inc. Missing Records Review)</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;">Summary Chronology</td> <td style="width: 50%; text-align: center; border: none;">Detailed Chronology</td> </tr> <tr> <td style="width: 50%; text-align: center; border: none;">Liability admitted</td> <td style="width: 50%; text-align: center; border: none;">Liability denied</td> </tr> </table>	Summary Chronology	Detailed Chronology	Liability admitted	Liability denied
Summary Chronology	Detailed Chronology				
Liability admitted	Liability denied				

**Additional Services:**

Schedule of Radiology  
(please provide disc passwords)

Digital Booklet  
(including Chronology)

Hardcopy of paginated folder set  
(printed double-sided)

Redaction  
(please provide details of  
required redaction separately)

Digital Booklet  
(excluding Chronology)

Hardcopy of paginated folder set  
(printed single-sided)

**Additional Instructions:**

Permission given for DMR Collation to  
store digital records until claim settled

Only required if paper records are provided for collation:

Dispose of all extracted records (blanks/duplicates/recopied)

Dispose of the original collated unpaginated records

Chronology only needs to deal with the specific time period of:  to

Other significant information to identify in review (If not provided in instruction letter) is detailed below:

**Your Name /Position:**

**Date:**

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

<b>Your File Reference:</b>		<b>Fee Earner Name:</b>	
<b>Your Company Name:</b>		<b>Contact Email:</b>	
<b>Your Company Address:</b>		<b>Case Background:</b>	
<b>Claimant Name:</b>		<b>Defendant Name:</b>	
<b>Injury Date:</b>		<b>Case Type:</b>	
<b>Record Providers:</b>			

Optical character reader (OCR) will be applied to all scanned records, ensuring the electronic conversion of images of typed or printed text; allowing you to search for recognized text in the PDF records.