



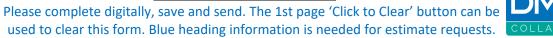
Digital Instructions/Records support@dmrcollation.co.uk				
Physical Instructions/Records, send to: Unit 10-12 The Watermark Business Centre, Erme Court,				Today's Date:
Leonards Road, Ivybridge, De	evon, PLZI USZ			
Your Reference:	Represented Party	<u>/</u> :		
	Claimant Defendant			Applicant Respondent
	Joint			Other
Estimate Needed:	Instruction Type:			Page Count of all Records:
Yes	New			
No	Update			
Claim Type: (select from dropdown list)  Liability Admitted: (select from dropdown list)				
Instruction Method: (select	from dropdown lists)			
Records (incl. any radiology reports): Radiology (images):				
If records are sent digitally, a printing charge of 5p per page <u>may</u> apply to records requiring printing to facilitate collation		For any physical discs provided a £10 Return or Secure Disposal Charge <u>may</u> apply per returned parcel or per disc disposed of		
Invoice Terms: (select from o	dropdown lists)			
Rate (Hourly or Fixed Fee):		Paymer	nt Ter	rms:
Expected Turnaround Times  Standard = 20-30 Working Days  Urgent = 10 Working Days			•	yment terms are within 30-days agreed otherwise in advance*)
*If other payment terms are	requested, please det	ail these	belov	w:



Please complete digitally, save and send. The 1st page 'Click to Clear' button can be used to clear this form. Blue heading information is needed for estimate requests.

<u>Services Required</u>: (select from dropdown lists)

Core Service Option:	
Optional Services:	
Hosting on the ALLDOQ Shared Workspace: (incl. any case radiology)	
Schedule of Radiology Preparation:	
<b>Digital Booklet Preparation:</b> (Consolidated bookmarked & hyperlinked pdf **)	
Hard Copy of Record Set: (Presented in lever arch files **)	
**for all instructions we provide a digital copy o	f individual record sections (as text searchable pdfs).
Redaction required:	Return of any Extracted Records required:
No: Yes: ***	No: Yes: including duplicate records
Yes: ***	
Yes: ***	Yes: including duplicate records
Yes: ***	Yes: including duplicate records
Yes: ***	Yes: including duplicate records
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Yes: ***  ***If Yes, please select all redaction required be	Yes: including duplicate records  elow: Press the Ctrl button for multiple line selection
Yes: ***  ***If Yes, please select all redaction required be	Yes: including duplicate records  elow: Press the Ctrl button for multiple line selection





Main Injuries: For example, traumatic brain injury, spinal injury, psychiatric injury, birth injury, etc.  Brief Case Background:  Brief Case Background:  Medical (GP, Ambulance, Hospital) Rehabilitation / Private Treatment Case Management Support Worker Care Home Optician Dentist  Record Collation and Pagination Preferences: The standard bates numbering used supports record updates without disrupting existing pagination. Records are collated in ascending date order and duplicate records are removed. Different record types are returned as separately indexed/paginated bundles—for example: Medical (incl. Dental & Optician), Rehabilitation, Case Management & Care Home. Each bundle will include a separate index and use a unique page identifier. If you prefer certain record types to be combined into a single bundle or require a specific pagination format such as continuous numbering, please indicate your preferences here.	Injury Date / Date of Knowledge:	
Record Bundle Type: Please select below all record types being provided  Medical (GP, Ambulance, Hospital) Council (Social Services / Care) Rehabilitation / Private Treatment Department for Work & Pensions Case Management Occupational Health Support Worker Personnel / Employer Military Optician Education Dentist Other  Record Collation and Pagination Preferences: The standard bates numbering used supports record updates without disrupting existing pagination. Records are collated in ascending date order and duplicate records are removed. Different record types are typically returned as separately indexed/paginated bundles—for example: Medical (incl. Dental & Optician), Rehabilitation, Case Management & Care Home. Each bundle will include a separate index and use a unique page identifier. If you prefer certain record types to be combined into a single bundle or require a specific		atric injury, birth injury, etc.
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Please complete digitally, save and send. The 1st page 'Click to Clear' button can be used to clear this form. Blue heading information is needed for estimate requests.



### **Record Source / Provider:**

Please enter here all individual record provider names for the index, i.e. the name of the case management company, private physiotherapist / consultant, general practitioner etc.			
Any Specific Chronology / Record Review Instructions (if applicable):  For example, any significant information you would like us to identify or focus on in our review - in addition to our standard review.			
Details of any passwords needed to acce	ess the records or radiology provided:		
Name of Claimant / Applicant			
Claimant Date of Birth (if applicable):			
Claimant Date of Diftir (ii applicable).			
Name of Defendant / Respondent:			
Your Organisation Name:			
Your Organisation Address:			
Main Fee Earner Name/Position:			
Main Fee Earner Email Address:			
Your Name / Position (if different):			
Your Email Address (if different):			
Details of colleagues also requiring access to the completed work			