

# Instruction Cover Sheet



Your firm name:

\_\_\_\_\_  
Your DX address:

\_\_\_\_\_  
Fee earner:

\_\_\_\_\_  
Reference:

\_\_\_\_\_  
Date records sent out:

## Enclosures

Client's statement

Medical records

Radiology CD(s)

\_\_\_\_\_  
Record providers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other:

\_\_\_\_\_  
\_\_\_\_\_

## Work required

Sort and index

Chronology

Scan records onto disc

\_\_\_\_\_  
Date by which records required if urgent:

\_\_\_\_\_  
Signed:

\_\_\_\_\_  
Print name:

\_\_\_\_\_

## For office use only

Instructions received:

\_\_\_\_\_  
Standard 10 working day deadline:

\_\_\_\_\_  
Records returned:

Clinical Collation Limited  
Innovation House  
Discovery Park  
Sandwich CT13 9ND

DX 310301 Sandwich 2  
t: 0845 835 0195  
www.clinco.co.uk