



**TESTIMONIAL REQUEST**

Company \_\_\_\_\_ has applied to become a member of the Pagination Accredited Group of Experts (PAGE): <https://pagination-accreditation.co.uk/>

As part of their application, they are required to provide testimonials from businesses and individuals who use their bundles in live cases. This is to ensure that members of PAGE are individually assessed on all aspects of their business practice before becoming accredited.

**Please could you answer the following questions regarding the quality of a bundle that you have used in a live case.**

1. On a scale of 1 to 5, how easy to navigate was the medical record bundle that the applicant prepared for you?

1	2	3	4	5
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← *Difficult to Navigate*

*Excellent to navigate* →

2. On a scale of 1 to 5, how accurate was the index?

1	2	3	4	5
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← *Not at all accurate*

*Highly accurate* →

3. On a scale of 1 to 5, how helpful was the index?

1	2	3	4	5
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← *Not at all helpful*

*Extremely helpful* →

4. Looking at the chronology that was prepared by the applicant, on a scale of 1 to 5, how beneficial was the chronology?

a. Factually

1	2	3	4	5
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← *Not at all beneficial*

*Highly beneficial* →

b. Accuracy of Referencing

1	2	3	4	5
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← *Not at all accurate*

*Highly accurate* →

c. Helpful to you in your preparation of the case?

1	2	3	4	5
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← *Not at all helpful*

*Extremely helpful* →



5. Do you wish to add any further comment?

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6. Would you be happy to work with another of the applicant's medical bundles in the future?

Yes	No
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7. Would you recommend the applicant to another law firm based on the experience you have had working with their medical record bundle/s?

Yes	No
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**Would you like to provide any additional information?**

If you wish, please provide a short testimonial on the quality of the medical bundle provided by the applicant. Please include anything that you feel may be relevant to our assessor such as the level of detail, accuracy and presentation of the bundle.

I confirm the information on this testimonial document is a true representation of the service provided by the applicant. My answers are to the best of my knowledge, true and unbiased.

Signature of Attestant: \_\_\_\_\_

Name:

Company:

Date:

In very rare circumstances our independent assessor may wish to speak to you to confirm your testimonial. Please provide your contact number.

Phone number: