

FIGURE 5-2 Simple Treatment Decision Form

| | |
|---|----------------------|
| Title | <input type="text"/> |
| Call number | <input type="text"/> |
| Rebind | |
| Repair | |
| Transfer to storage | |
| Withdraw | |
| Replace with print, microform, digital resource | |
| Replace with new edition | |
| Sell | |
| Donate to | <input type="text"/> |
| Destroy | |
| Reviewer name | <input type="text"/> |
| Date | <input type="text"/> |