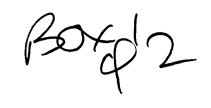
Bulk Storage Form



Secretary's N	lame: Code A	Secretary's Room No:	Manchester O	ffice
Partner's Name: Sarah Ellson		Date sent to Archives:	25 August 2009	
Box Number:		X-Range – From:	То:	
Client & Matter Number:	Client Name:	Client Matter Details: (and any other information required for identification in the future)	File Review or Destruction Date:	X Number: (to be completed by File Room)
00492.15579	General Medical Council SEE SEPARATE INDEX ATTACHED - FOR BOX	Dr Barton	N/A	
(TAB THROUGH	I TO ADD MORE ROWS TO THE	TABLE IF REQUIRED, DELETE SURPLUS ROWS)	
ARCHIVES ONLY - Form completed on: By:				

GMC/Dr Barton 00492.15579

Index of Files

Box 16

X Number:

1.	Medical Records of Elsie Lavender – File 1 of 3		
	File 1		
2.	Medical Records of Elsie Lavender – File 2 of 3		
	File 2		
3.	Medical Records of Elsie Lavender – File 3 of 3		
	File 3		
4.	Medical Records of Eva Page – File 1 of 1		
	File 1		
5.	Medical Records of Leslie Pittock – File 1 of 1		
	File 1		
6.	Medical Records of Alice Wilkie – File 1 of 2		
	File 1		
7.	Medical Records of Alice Wilkie – File 2 of 2		
	File 2		
L			