

Bulk Storage Form

Secretary's Name:	Code A	Secretary's Room No:	PH03
Partner's Name:	SLE	Date sent to Archives:	07/05/08

Box Number:	X-Range – From:	To:
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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	Dr Barton – Box 3		
		Duplicate medical records of Gladys Richard.		
		Duplicate medical records of Gladys Richards.		
		Duplicate medical records of Gladys Richards.		
		Duplicate medical records of Alice Wikie.	/	

(TAB THROUGH TO ADD MORE ROWS TO THE TABLE IF REQUIRED, DELETE SURPLUS ROWS)

ARCHIVES ONLY - Form completed on:	By:
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Bulk Storage Form

Secretary's Name: <u>Gina Upton</u>	Secretary's Room No: <u>PH03</u>
Partner's Name: <u>SLE</u>	Date sent to Archives: <u>07/05/08</u>

Box Number:	X-Range – From:	To:
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GENERAL MEDICAL COUNCIL**DR BARTON 00492.15579**

SLE/TET

Box 3

1. Duplicate medical records of Gladys Richards.
2. Duplicate medical records of Gladys Richards.
3. Duplicate medical records of Gladys Richards.
4. Duplicate medical records of Alice Wikie.