

# Bulk Storage Form

<b>Secretary's Name:</b> <u>Code A</u>	<b>Secretary's Room No:</b> <u>Manchester office</u>
<b>Partner's Name:</b> <u>Sarah Ellson/TET</u>	<b>Date sent to Archives:</b> <u>01.08.08</u>

<b>Box Number:</b>	<b>X-Range – From:</b>	<b>To:</b>
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<b>Client &amp; Matter Number:</b>	<b>Client Name:</b>	<b>Client Matter Details:</b> (and any other information required for identification in the future)	<b>File Review or Destruction Date:</b>	<b>X Number:</b> (to be completed by File Room)
00492.15579	GMC	Dr Jane Barton:-		
		Medical records Box 1: Files 1, 2, & 3		

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

<b>ARCHIVES ONLY - Form completed on:</b>	<b>By:</b>
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