

Bulk Storage Form

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| Secretary's Name: <u>Code A</u> | Secretary's Room No: <u>Manchester Office</u> |
| Partner's Name: <u>SLE/RC2</u> | Date sent to Archives: <u>24.09.09</u> |

| | | |
|--------------------------------------|------------------------|------------|
| Box Number: <u>R100446160</u> | X-Range – From: | To: |
|--------------------------------------|------------------------|------------|

| 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 | GMC | Dr Jane Barton:- <i>(Papers returned from Ben Fitzgerald)</i> | | |
| | | Medical Records of Eva Page x2 | | |
| | | Medical Records of Robert Wilson – Files 1&2 | | |

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

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|---|------------|
| ARCHIVES ONLY - Form completed on: | By: |
|---|------------|