

Bulk Storage Form

Secretary's Name: <u>Code A</u>	Secretary's Room No: <u>Manchester Office</u>
Partner's Name: <u>Sarah Ellson</u>	Date sent to Archives: <u>25 August 2009</u>

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 SEE SEPARATE INDEX ATTACHED - FOR BOX S	Dr Barton	N/A	

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

ARCHIVES ONLY - Form completed on:	By:
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GMC/Dr Barton
00492.15579

Index of Files

Box 5

X Number:

1.	FFW Original Panel Bundle – Patient J
2.	FFW Original Panel Bundle – Patient K
3.	FFW Original Panel Bundle – Patient L
4.	Dr Barton's Statements File
5.	Dr Barton's Statements File
6.	Original Extracts from Controlled Drugs Book file