

Bulk Storage Form

Secretary's Name: <u>Code A</u>	Secretary's Room No: <u>3rd Floor Portsoken</u>
Partner's Name: <u>Sarah Ellson</u>	Date sent to Archives: <u>3 July 2008</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	Dr Barton <ul style="list-style-type: none"> • Medical Records: Box 16 – 1 of 3 • Medical Records: Box 16 – 2 of 3 • Medical Records: Box 16 – 3 of 3 • Medical Records: Box 5 – 1 of 2 • Medical Records: Box 5 – 2 of 2 		
		Box 20 of 23		