

Bulk Storage Form

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

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 SS	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**Code A****Index of Files****Box 55****X Number:**

1.	FFW Panel Bundle – Patient D
2.	FFW Panel Bundle – Patient J
3.	FFW Panel Bundle – Patient K
4.	FFW Panel Bundle – Patient L
5.	FFW Panel Bundle – 'D' Documents – File 1 of 1