

**GENERAL MEDICAL COUNCIL****DR BARTON** **Code A****SLE** **Code A***Box 9*

1. Ring binder BJC/33 Dulcie Middleton folders 1 and 2 of medical records as well as paper and microfilm medical records.
2. BJC/86 Christina Town microfilm medical records.
3. BJC/92 Edith Hill medical records.

EVERSHEDS LLP ARCHIVING FORM	
Please provide one form per Matter.	
When filling out this form, please type or use block capitals.	
<b>PLEASE NOTE: If this form is incomplete or the matter files are not submitted in a condition which enables the Archiving teams to handle them, they may be returned to the Legal Adviser. It is extremely important that the information on this form is correct and suitable attention is given to packaging the matter files in an appropriate manner.</b>	
COMPLETE ALL SECTIONS	
Client No: 145634	Client Name: General Medical Council
Matter No: <span style="border: 1px dashed black; padding: 2px;">Code A</span>	Matter Description: Barton
Billing Time Keeper:	<span style="border: 1px dashed black; padding: 2px;">Code A</span>
Contact Name and Ext No:	
Additional Information:	
SERVICE REQUIRED (tick one)	
OPTION 1: CLOSED MATTER SUBMITTED FOR ARCHIVING (This is box ___ of ___)	
OPTION 2: OPEN MATTER SUBMITTED FOR SAFE KEEPING (This is box ___ of ___)	
For Option 1: Please attach a copy of the appropriate Automatic Closing Report from Elite	
CERTIFICATE	
This File has been checked carefully for original Title Deeds, Probates, Agreements and other documentation which ought to be preserved separately. Please submit these for safekeeping using the Deeds Storage procedure.	
SIGNATURE: DATE:	<span style="border: 1px dashed black; padding: 2px;">Code A</span> 01-02-2007
(Legal Adviser)	
PRINT NAME:	DEPARTMENT:
CLOSED MATTER RETENTION PERIOD	
Unless the Matter falls within one of the exceptions set out below, the File will be held in storage for a period of <b>10 years</b> from the date of closure. Upon expiry of this period the File will be destroyed without further review.	
Please Indicate Chosen Retention Period	10 years
Record Type: <b>File - Standard</b>	
FOR ARCHIVING USE ONLY	
DATE CLOSED:	DESTRUCTION DATE:
DATE STORED:	MATTER LOCATION REF:
ARCHIVED BY:	BOX LOCATION REF:

Code A

01/02/2007

# Bulk Storage Form

Secretary's Name: <b>Code A</b>	Secretary's Room No: PH03
Partner's Name: SLE	Date sent to Archives: 07/05/08

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)
<b>Code A</b>	General Medical Council	Dr Barton – Box 9		
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(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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Partner's Name: <u>SLE</u>	Date sent to Archives: <u>07/05/08</u>

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(Legal Adviser)

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