

# Bulk Storage Form

<b>Secretary's Name:</b>	<b>Code A</b>	<b>Secretary's Room No:</b>	Manchester office
<b>Partner's Name:</b>	Sarah Ellson	<b>Date sent to Archives:</b>	29 October 2010

<b>Box Number:</b>	R101968362	<b>X-Range – From:</b>		<b>To:</b>	
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<b>Client &amp; Matter Number:</b>	<b>Client Name:</b>	<b>Client Matter Details:</b> (and any other information required for identification in the future)	<b>File Review or Destruction Date:</b>	<b>X Number:</b> (to be completed by File Room)
00492.15579	General Medical Council:	Dr Jane Barton:-		
		Enclosures to Instructions		
		Testimonials		
		Transcripts		

(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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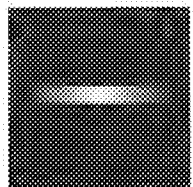
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Practice Manager: **Code A**



**Monica Carss-Frisk QC**

*With compliments*