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:

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 6	Dr Barton	N/A	

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

ARCHIVES ONLY - Form completed on:	By:

GMC/Dr Barton Code A

ę

· 🖷

¢

.

Index of Files

<u>Box 61</u>

<u>X Number:</u>

1.	FTPH Transcripts - File 1 of 3	
2.	FTPH Transcripts - File 2 of 3	
3.	FTPH Transcripts - File 3 of 3	
4.	FTPH Transcripts - File 4	
5.	FTPH Transcripts - File 5	