your vone.

H. NICHOLLS
C. P. GRAY
A. C. KNAPMAN
J. J. BRAND
P. A. BEASLEY

Tel: 83333

CPG/FMH



The Surgery,

Code A

4th March, 1980.

Mr. G.D. Hayne,
Administrator,
Hampshire Family Practitioner Committee,
Friarsgate,
WINCHESTER, Hants.
S023 8EE.

Dear Mr. Hayne,

re: Dr. Jane Barton.

I am writing to confirm that we shall be taking Dr. Barton into partnership on the 1st April. I enclose herewith various completed forms, for your kind attention.

For the time being Dr. Barton will not be applying to go on the obstetric list.

Yours sincerely,

Code A

M.B., CH.B., D.A., D.R.C.O.G.

Spor



registered medical practitioner included on the Medical Register in the management of the management of the medical practitioner included on the Medical Register in the medical services and the medical services are seriously as a serious and the medical services are seriously as a serious and the medical services are seriously as a serious and the medical services are seriously as a serious and the medical services are seriously as a serious and the medical services are seriously as a serious and the medical services are seriously as a serious and the medical services are seriously as a serious and the medical services are seriously as a serious and the medical services are serious and the medical serious are serious and the medical serious are serious and the medical serious are serious are serious and the serious are serious are serious are serious	hat name and hat n	services, the fitting of intuterine devices, to patients to whom I provide other personal medical services and agree.	ra ee to be bound by, the Rand (name and address)
registered medical practitioner included on the Medical Register in the constant of the constant of the constant of the constant of the Medical Register in the constant of the Medical Register in the constant of the constant of the Medical Register in the constant of the Medical Register in the constant of th	hat name and hat n	services, the fitting of intuterine devices, to patients to whom I provide other personal medical services and agree.	ra ee to be bound by, the Rand (name and address)
registered medical practitioner included on the Medical Register in the constant of the consta	ntraceptive service *excluding *including *not restricted , I accept service A ending to practi	services, the fitting of intuterine devices, to patients to whom I pro- vide other personal me- dical services under, and agre	ee to be bound by, the
registered medical practitioner included on the Medical Register in the constant of the consta	ntraceptive service *excluding *including *not restricted , I accept service A ending to practi	services, the fitting of intuterine devices, to patients to whom I pro- vide other personal me- dical services under, and agre	ee to be bound by, the
general medical services *excluding *limited to	ntraceptive service *including *including *not restricted I, I accept service Low Description A ending to practi	the fitting of intuterine devices, to patients to whom I provide other personal medical services and agree. Nicholds,	ee to be bound by, the
general medical services *excluding *limited to	ntraceptive service *including *including *not restricted I, I accept service Low Description A ending to practi	the fitting of intuterine devices, to patients to whom I provide other personal medical services and agree. Nicholds,	grand (name and address
general medical services *minited to *minited to *including *	ntraceptive service *including *including *not restricted I, I accept service Low Description A ending to practi	the fitting of intuterine devices, to patients to whom I provide other personal medical services and agree. Nicholds,	ee to be bound by, the Kraf Grand In (name and address
(b) for persons in the Committee's area, and, if my application is granted terms of service for the time being in operation in that area. My present or most recent appointment is/was. A substitute of the content of	*including *including *including *not restricted to Des A ending to practi	the fitting of intuterine devices, to patients to whom I provide other personal medical services under, and agre	ee to be bound by, the
(b) for persons in the Committee's area, and, if my application is granted terms of service for the time being in operation in that area. My present or most recent appointment is/www	*including *including *including *not restricted to Des A ending to practi	the fitting of intuterine devices, to patients to whom I provide other personal medical services under, and agre	ee to be bound by, the
For persons in the Committee's area, and, if my application is granted terms of service for the time being in operation in that area. My present or most recent appointment is/ Code A I intend to practise in partnership with Code who is * is not * is not * is not int Thave applied To the Local Obstetric Committee for approval If my application is granted —	*not restricted , I accept service to Des au Vu A ending to practi	whom I provide other personal medical services under, and agree Nicholls.	ee to be bound by, the Grand Grand (name and address
My present or most recent appointment is/wes. A State of Code A I intend to practise in partnership with Code who is * on the Committee's medical list (state NO-ONE if not int * Hrave applied * I intend to apply If my application is granted —	Fo Des Sau Ku A ending to practi	personal medical services e under, and agree Nicholls,	Grand (name and address
My present or most recent appointment is/wes. A State of Code A I intend to practise in partnership with Code who is * on the Committee's medical list (state NO-ONE if not int * Hrave applied * I intend to apply If my application is granted —	Fo Des Sau Ku A ending to practi	Nicholls,	Grand (name and address
My present or most recent appointment is/wes. A State of Code A I intend to practise in partnership with Code who is * on the Committee's medical list (state NO-ONE if not int * Hrave applied * I intend to apply If my application is granted —	Fo Des Sau Ku A ending to practi	Nicholls,	Grand Grand (name and address
who is * is rot* on the Committee's medical list (state NO-ONE if not int *H-have applied *I interest to apply If my application is granted —	ending to practi		
*Have applied to the Local Obstetric Committee for approval *I intend to apply If my application is granted —		ce in partnership	
*I i stelle to a pply If my application is granted —	of my obstatric		
그 씨는 우리는 이 전에 가는 그가 있다면 가는 그렇게 되는데 그 나는 그들은 그들은 그는 그들은 그는 그들은 그는	of my obsteric	experience.	
a. my practice area and my surgery hours will be:—			
그는 그 사람들은 어떤 사람들은 그 말씀하고 있는데 그를 가장되었다. 그 그 살은 말을 하는 것을 가득하는 것이다.			
Practice Area Practice Premises	Days and	Hours of At	
COSPORT, Hants. Mor	nday to Fri nday aftern lday aftern	oon 2.00 p	.m. to 12.30 p.m. to 3.30 p.m. to 3.00 p.m.
b. telephone number or numbers at which I am prepare	d to receive mes	sages :_ ५ บรเ รอรค	PORT 8333;
c. In addition, if I accept as a patient a person who at t the said practice area, I undertake to visit him at that place.	he time of my a	cceptance is resi	ullig at a place outside
the said produce and, a more than the said and a said a		Cod 21 - 2	e A
	Signed		

*Delete as appropriate †Define as precisely as possible.