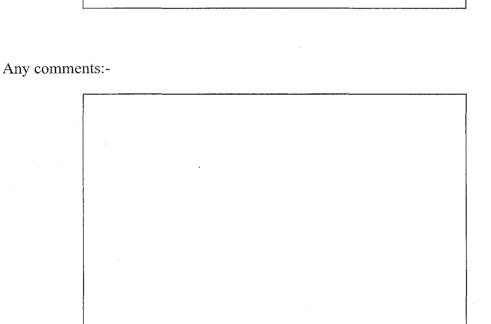
Operation Rochester

Please complete this form and return in the enclosed pre paid envelope.
Do you want to receive a copy of your relatives patient notes:-
YES X
NO

Please mark X as appropriate

If not yourself, who is the nominated family member you wish to have the records sent to:-



Please print your name and sign:-

MRS

Code A

Code A

Code A