

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

NO

Please mark X as appropriate

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

Any comments:-

I HAVE SOME ACTION
THOUGHTS OF MY MOTHER
TIME IN GWM HOSPITAL
WITH WITH SOME AS THE
TIME ASSOUNDING SUGGESTIONS

Please print your name and sign:-

Code A

Code A

Code A

Code A