

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 *If different from current holdings (See over)*

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:-

*Thank you for Bulletin No 3, and
I look forward to hearing from*

Code A

Please print your name and sign:-

Code A

CHS FARHAM

*(Re: Mr A.B. CUNNINGHAM)
(Step-father)*

Papers already held :

^{Correspondence reports}
(1) Dept of Medicine for Elderly People - Patient Profile

Papers 1-92 (in one folder)

(2) Ditto, 93-250 (in one folder)

(3) Ditto, 251-329 (in one folder)