## **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:-
Any comments:-
I have a copy of my hus burds (notornan gray any) re-tient no hes from the Gosport memorial Hospital but understand the no hes in

Please print your name and sign:-

DORCAS E GRAHAM.

Code A