Operation Rochester

Please comple	ete this form an	d return in the	enclosed pre	paid envelope) .
Do you want t	to receive a cop	y of your rela	tives patient n	otes:-	
YES X					
NO					
Please mark X	X as appropriate)			
If not yourself sent to:-	f, who is the no	minated famil	y member you	ı wish to have	e the record
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, L					
Any comments:-					

Please print your name and sign:-

Code A

Code A