Operation Rochester

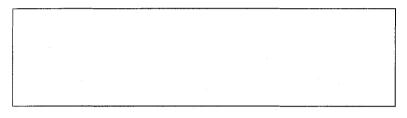
Please complete this form and return in the enclosed pre paid envelope.

Do you want to receive a copy of your relatives patient notes:-



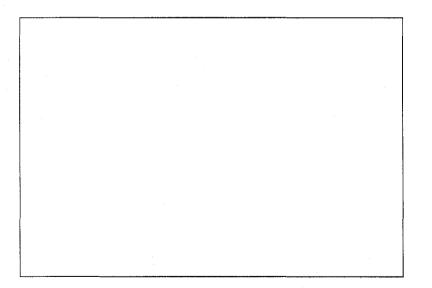
Please mark X as appropriate

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



Any comments:-

1



Please print your name and sign:-



