HCO002308-0001



## **Operation Rochester**

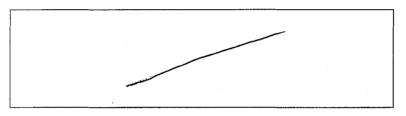
Please complete this form and return in the enclosed pre paid envelope.

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

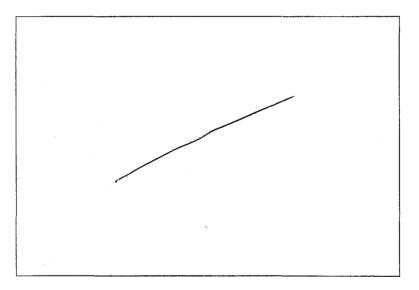
YES X

Please mark X as appropriate

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



## Any comments:-



Please print your name and sign:-

