## **Operation Rochester**

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

	nt to receive a copy of	f your relatives patient notes:-	
YES 🔀			
	x X as appropriate		
If not yours sent to:-	self, who is the nomin	nated family member you wish to hav	e the records
Any comm	ents:-		
Please prin	t your name and sign		<b>A</b>
Co	ode A	Code	A