Operation Rochester

| Please comple | ete this fo | orm and | d returr | n in the en | closed pro | e paid | envelc | pe. | |
|--------------------------|-------------|---------|----------|-------------|------------|---------|---------|--------|-----------|
| | | | | | | | | | |
| Do you want | to receiv | e a cop | y of yo | ur relative | es patient | notes:- | | | |
| YES X | | | | | | | | | |
| NO | | | | | | | | | |
| Please mark 2 | V ac anni | onriste | | | | | | | |
| Ticase mark 2 | x as appi | орпас | | | | | | | |
| If not yoursel sent to:- | f, who is | the no | minate | d family n | nember yo | ou wisl | n to ha | ive th | ne record |
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Please print your name and sign:-

Code A

Code A