## **Operation Rochester**

Please compl	ete this for	m and return	n in the enclose	d pre paid envelope.
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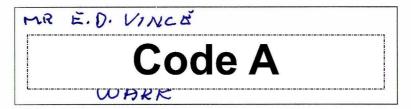
Do you want to receive a copy of your relatives patient notes:-

YES X

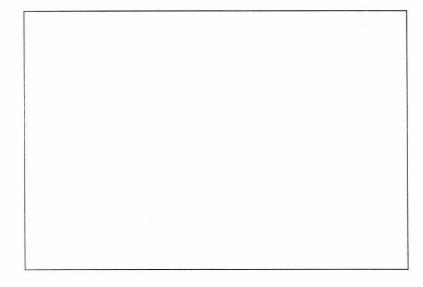
NO \_\_\_

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:-

Code A

Code A