

**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

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:-

Thank you for the latest Bulletin  
and the information in it.

Please print your name and sign:-

Mrs A M RAY

**Code A**