

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

GOSPORT, W. M. H AND HASLER

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:-

I hope that I will see the complete file. My sister Mrs Heckerzie has had different details than myself which has only just come to my attention as I presumed we had been given identical information to comment on and to make statements. This obviously was not so, and is difficult to understand. Nothing on file should be withheld.

Please print your name and sign:-

NESLEY RICHARDS

Nesley LACK

Code A