

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 We already have them.

Please mark X as appropriate

If not yourself, who is the nominated family member you wish to have the records sent to:-

Any comments:-

Code A

has not yet been to see us. Date 14-11-2003. Although we hear she has visited others in this geographical area. ???

We would very much like to see her This has been going on 3½ years we would like to know what is happening please.

Please print your name and sign:-

Code A

Code A