

**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

I. HAVE. A. COPY.

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

Any comments:-

I. FOUND. THE. NOTES.  
NOT. VERY. CLEAR. TO  
UNDERSTAND.

Please print your name and sign:-

E. J. STEVENS.

**Code A**