## **Operation Rochester**

Please complete this form and return in the enc	losed pre paid envelope.
Do you want to receive a copy of your relatives	s patient notes:-
YES X	
NO	× =
Please mark X as appropriate	
If not yourself, who is the nominated family mesent to:-	ember you wish to have the records
L	
Any comments:-	
DI	
Please print your name and sign:-	
MRS R.M THOMPSON	Code A