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 X

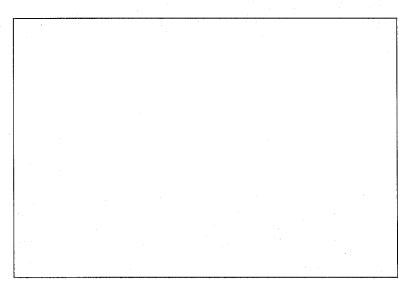
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Please mark X as appropriate

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

Any comments:-



Please print your name and sign:-



MRS. ANN Code A