

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

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

Any comments:-

REASON FOR WANTING MEDICAL NOTES IS TO COMPARE WHAT YOU HAVE WITH WHAT I HAVE AND IF THEY ARE DIFFERENT THE QUESTION THEN IS WHY?. IN MAY 1999 ACCORDING TO THE PORTSMOUTH N.H.S. TRUST A NUMBER (OF VITAL) OF MY MOTHER'S MEDICAL NOTES WERE INADVERTENTLY DESTROYED BY SAID TRUST. CONVENIENT FOR THEM AS MY COMPLAINT AGAINST THEM WAS AT THIS TIME GATHERING MOMENTUM. SO IT WILL BE INTERESTING TO COMPARE WHAT ~~WE~~ <sup>WE</sup> BOTH HAVE AND EVEN MORE INTERESTING IF THEY DIFFER REGARDING THE MEDICATION (I.E. MORPHINE) THAT MY MOTHER WAS GIVEN -

X  
I HAVE BEEN  
OWNED (TODAY  
10/11/03) THAT  
YOU DO NOT HAVE  
MEDICAL RECORDS  
FROM THE HOSPITALS  
(SUCH AS HASLAR) OF  
THOSE WHO WERE ADMITTED  
TO THE GOSPORT W.M.H.  
WITHOUT PRIOR RECORDS

Please print your name and sign:-

THE GOSPORT W.M.H. MEDICAL RECORDS. YOU CAN'T! CAN YOU.

MIKE E. WILSON

**Code A**

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