

Community Health Services
Gosport War Memorial Hospital
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From: Denise Shenton
Medical Records and Outpatients Supervisor

Date: 19 April 2002

To: DR LORD
GWMH

Re: **Code A** DOB **Code A**

In response to the attached application from *the patients daughter*.....

please could I have your written permission to forward copies of the above patients notes to the applicant.

Many thanks

Code A

Denise Shenton
Medical Records Supervisor

*Please could I have the photocopies back with your reply
Thankyou.*

TO BE COMPLETED BY CONSULTANT

Approval given YES / *NO*

Signature **Code A**

Date *25/4/02*

Comments if applicable: