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 (typetalk calls accepted)

feedback@healthcarecommission.org.uk www.healthcarecommission.org.uk

Addressee Only

Mrs P Ripley

Code A

Case reference: C200702_0462 (please quote if you contact us)



March 7th 2007

Dear Mrs Ripley

Thank you for returning your completed consent form.

I confirm that I will now request the complaint case file from Portsmouth Hospitals NHS Trust. We will keep you informed of progress.

If you have any questions in the meantime, please do not hesitate to contact me.

Yours sincerely



Initial Review Team- Complaints Ph: 020 7448 1604 Fax: 020 7448 9180

Portsmouth Hospitals

Gail Byrne Director of Clinical Services, Nursing & Midwifery Code A Tel: A79/30 72280

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