

RESTRICTED

Form MG11(T)

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WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: LORD, ALTHEA EVERESTA GERADETTE LORD

Age if under 18: (if over 18 insert 'over 18') Occupation: COMMUNITY GERIATRICIAN

This statement (consisting of 1 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true.

Signed: A.E.G Lord

Date: 19/05/2005

I have been asked to detail my involvement with the patient Robert WILSON dob **Code A**
Code A who died at the Dryad War Memorial Hospital on 18th October 1998
 (18/10/1998).

I was the Consultant Geriatrician in charge of Dryad Ward.

From the 12th October 1998 to the 23rd October 1998 I was on annual leave.

I had no contact with this patient therefore I am unable to make any comment concerning the treatment given to this patient.

Signed: A.E.G Lord
 2004(1)

Signature Witnessed by: