

PROBATE COURT OF MEDINA COUNTY, OHIO

ESTATE OF _____, DECEASED

Case No. _____

WAIVER OF NOTICE/CONSENT

[R.C 2113.032]

Application of _____, for release of medical records and medical billing records of the above named decedent.

The undersigned, being the next of kin of the above named decedent, hereby waive notice and consent to the release of medical records and medical billing records of the above named decedent.

(Sign **and** print names below.)

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