RESET FORM

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

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.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____