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.

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