

**PROBATE COURT OF GEAUGA COUNTY, OHIO
JUDGE TIMOTHY J. GREDELL**

ESTATE OF _____, DECEASED

CASE NO. _____

WAIVER AND CONSENT - RELEASE OF MEDICAL RECORDS

The undersigned waive notice of the hearing and consent to and approve the Application to Release Medical Records and Medical Billing Records as set forth in the Application. The undersigned acknowledge receipt of a copy of an Application to Release Medical Records and Medical Billing Records from:

Signatures

Name
