

ESTATE OF \_\_\_\_\_, DECEASED

CASE NO. \_\_\_\_\_

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.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.