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ORDR

Name

Address

City, State, Zip Code

Telephone number/E-mail Address

IN PROPER PERSON

DISTRICT COURT
CLARK COUNTY, NEVADA

In the Matter of the Estate of))
)) CASE NO.
))
))
Deceased.))
))

EX PARTE ORDER TO RELEASE MEDICAL RECORDS

The Court, upon reading the verified ex-parte petition of
_____ (petitioner), and good cause appearing
therefore:

IT IS HEREBY ORDERED that the officers of (list names & addresses of
all medical facilities and doctors from whom you are seeking records) _____

///
///
///

1 shall release the Decedent's medical records to _____
2 _____.

3 DATED this ____ day of _____, 20____.

4
5 _____
6 DISTRICT COURT JUDGE

7 Respectfully submitted,

8 By: _____
9 (signature)

10 _____
11 (print name)

12 IN PROPER PERSON

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