CHARLES E. WILHITE, M.D., INC.
NICHOLAS KOMAS, M.D., INC.
111 Raley Boulevard, Suite 160
Chico, CA 95928
Telephone: (530) 891-6375
Fax: (530) 891-6952

RELEASE OF INFORMATION

I hereby authorize the release of copies of my medical records and/or my x-rays from Charles E. Wilhite, M.D. / Nicholas Komas, M.D., to

____ (Name of Doctor)

____ Address

____ City, State and Zip

____ Phone Number

Signed ______________________________________ ____________________ Date

____ Print name and date of birth

X-rays are part of our permanent records and we would appreciate their return within thirty days from the above date. Thank you.