

**Ronald S. Dubin MD
Kayla Simpson PA-C**

705 N. 12th Street
Middlesboro, KY 40965
Phone: 606-248-0050
Fax: 606-248-8711

1321 Cumberland Falls Hwy.
Corbin, KY 40701
Phone: 606-258-0300
Fax: 606-258-0320

Patient ID _____

Date: _____

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, the undersigned, hereby authorize _____ to release all information from my medical records for the following dates of services:

_____ thru PRESENT DATE .

Please include all clinical notes, operative records, discharge summaries, x-ray reports, and/or actual films. Should you have difficulty finding this patient, please contact this office for further information to helping processing this request.

The above information should be released to:

Kentucky Orthopedic Clinic
Ronald S. Dubin, M.D.
P.O. Box 220
Middlesboro, KY 40965

Kentucky Orthopedic Clinic
Monica K. Cheesman, P.A.-C
P.O. Box 220
Middlesboro, KY 40965

Please Fax the requested records to:

Middlesboro Fax: 606-248-8711

Corbin Fax: 606-258-0320

Patient's Name: _____

DOB: _____

Social Security Number: _____

Address: _____

Telephone: _____

Signature of patient or legal guardian:

_____ Date: _____

Thank you for your assistance.

Ronald S. Dubin, M.D.

Monica K. Cheesman, PA-C