

**Ronald S. Dubin MD  
Adam Adkins 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  
Adam Adkins, 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.

Adam Adkins, PA-C