

MEDICAL REPORTS AND DOCTOR'S LIEN

PATIENT: _____

DATE OF INJURY: _____

I do hereby authorize _____ to furnish you, my Attorney, with a full report of his/her examination, diagnosis, treatment, prognosis, etc., of myself in regard to the accident in which I was recently involved.

I hereby authorize and direct you, Attorney to pay directly to said doctor such sums as may be due and owing him/her for medical service rendered me both by reason of this accident and by reason of any other bills that are due his/her office to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect said doctor. And I hereby further give a Lien on my case to said doctor against any and all proceeds of my settlement, judgement or verdict which may be paid to you, my Attorney, or myself, as the result of the injuries for which I have been treated or injuries in connection by him/her.

I agree ever to rescind this document and that a rescission will not be honored by my Attorney. I hereby instruct that in the event another Attorney is substituted in this matter, the new Attorney honor this lien inherent to the settlement, judgement, or verdict by which I may eventually recover said fee.

Please acknowledge this letter by signing below and returning to the doctor's office. I have been advised that is my Attorney does not wish to cooperate in protecting the doctor's interest, the doctor will not await payment but will require me to make payments on a current basis.

Patient's Signature

Signature Date

The undersigned being Attorney of record for the above patient does hereby agree to observe all the terms of the above and agrees to withhold such sums from ant settlement, judgement or verdict as may be necessary to adequately protect said above-named-doctor.

The undersigned being Attorney of record for the above patient does hereby agree to observe all the terms of the above and agrees to withhold such sums from any settlement, judgement or verdict as may be necessary to adequately protect said above-named-doctor. Attorney further agrees that in the event this lien is litigated that the prevailing party will be awarded Attorney fees and costs.

Attorney's Signature

Signature Date

Please date, sign and return one copy to doctor's office. Also keep one copy for your records.