

NOTICE OF DOCTOR'S LIEN

ATTORNEY

DOCTOR

SHVETS CHIROPRACTIC

5740 WINDMILL WAY, SUIT #3

CARMICHAEL, CA 95608

Patient: _____

I do hereby authorize SHVETS CHIROPRACTIC to furnish you, my attorney with a full report of her examination, diagnosis, treatment, prognosis, etc., of myself in regard to the accident in which I was involved.

I hereby authorize and direct you my attorney, to pay directly to said doctor such sums due and owing her for medical services rendered me both by reason of this accident and by reason of any other bills that are due her office on my behalf and to withhold such sums from any settlement, judgment 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 therewith.

I fully understand that I am directly and fully responsible to said doctor for all medical bills submitted by her for service rendered me and that this agreement is made solely for said doctor's additional protection and in consideration of her contingent on any settlement, judgment or verdict by which I may eventually recover said fee.

Date: _____ Patient's Signature _____

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

Date: _____ Attorney's Signature _____