

SHVETS CHIROPRACTIC INC.

5740 Windmill Way, Suite 3 • Carmichael, CA 95608 • (916) 334-8884 • Fax (916) 334-3400

Doctor's Lien

Nadezhda V. Shvets, D.C.
5740 Windmill Way, Ste. #3
Carmichael, CA 95608
916-334-8884

Insurance Company:

Medical Reports and Doctor's Lien For _____

I do hereby authorize the above doctor to furnish you with a full report of his examination, diagnosis, treatment, prognosis or anything else you may need of myself in regard to the accident in which I was involved.

I hereby authorize and direct you to pay directly to Dr. Shvets such sums due and owing her for medical services rendered to me by reason of this accident any bills that are due to her office on my behalf. Furthermore, I hereby instruct and direct you to make settlement check payable to myself and Nadezhda Shvets, D.C.

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

Date: _____

Patient's Signature _____