



NOTICE TO ATTORNEY OF ASSIGNMENT

TO: _____

Doctor: _____

RE: MEDICAL REPORTS AND DOCTOR'S LIEN

I do hereby authorize the above named doctor to furnish you, my attorney, with a full report of his examination, diagnosis, treatment, prognosis, etc.... of myself in regard to the accident in which I was involved. I also authorize the release of any information from my medical record, pertinent to my case, to said attorney involved in this case.

I hereby authorize and direct you, my attorney, to pay to said doctor such sums as may be due and owing him for medical service rendered me both by reason of this accident and by reason of any other bills that are due his office and to withhold such sums from any settlement, judgement or verdict which may be necessary to adequately protect said doctor. I hereby further give a lien on my case to said doctor against any and all proceeds of any settlement, judgement, or verdict 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 him for service rendered me and that this agreement is made solely for said doctor's additional protection lien in consideration of his awaiting payment. I further understand that such payment is not contingent on any settlement, judgement or verdict by which I may eventually recover said fee.

PATIENT: _____ DATE: _____

Signature of patient

DATE OF ACCIDENT: _____

PATIENT: _____ WITNESS: _____

Print name of patient

SIGNATURE OF GUARDIAN: _____

PLEASE SIGN AND RETURN ORIGINAL TO A CHIROPRACTIC TRADITION IF YOU ACCEPT ASSIGNMENT.

ATTORNEY SIGNATURE

DATE