

PHYSICIAN'S LIEN

State of Oklahoma

County of _____

KNOW ALL MEN BY THESE PRESENTS:

That pursuant to Title 42 OK.ST.ANN SS 46, claim is hereby made, and a lien filed and entered on the Mechanic's and Materialmen's Lien Docket in the Office of the County Clerk of Grant County, Oklahoma; on the _____ day of _____ 20____, as follows:

PHYSICIAN CLAIMANT AND ADDRESS

AMOUNT OF CLAIM: _____

ITEMIZED STATEMENT FOR MEDICAL SERVICES IS/IS NOT ATTACHED HERETO AS "EXHIBIT A"

CLAIM AGAINST: _____

patient name

patient address

PARENT OR LEGAL GUARDIAN
(IF A MINOR CHILD) _____

guardian's address

INSURANCE COMPANY AND ADDRESS

State reasons for medical services provided for which these charges were incurred and dates, if appropriate such services were rendered:

PHYSICIAN'S SIGNATURE

Subscribed and sworn to before me, a Notary Public in and for the above County and State on this _____ day of _____ 20_____.

my commission expires

NOTARY PUBLIC