

PHYSICIAN'S LIEN

State of _____

County of _____

KNOW ALL MEN BY THESE PRESENTS:

That pursuant tot 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 _____ 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: _____

My Commission #: _____

NOTARY PUBLIC