

NOTICE OF PHYSICIAN'S LIEN RELEASE

YOU ARE HEREBY NOTIFIED that payment was received by the undersigned
Physician whose name and address are:

And has rendered medical services to an injured person whose name is:

and who was injured on or about _____,
as a result of the act or negligence of another whose name is:

_____.

Payment was received in this office on _____ from
_____ in the amount of
\$ _____ and number _____
please release entire lien

Date recorded and filed under Title 42 O.S. section 46: _____

Lien number _____ book _____ page _____

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