

ATTORNEY LIEN AND RELEASE

For Patient:

TO:



FROM:



I, the undersigned, hereby authorize the above named doctor to release to you, my attorney, all information in my medical records as they relate to the accident in which I was involved.

Further, I authorize and direct you, my attorney, to pay directly to said doctor such sums as may be due and owing for professional services rendered me both by reason of this injury and by reason of any other sums that are due his office for services rendered to me. You are hereby directed to withhold such sums from any settlement, judgement or verdict as may be necessary to adequately protect said doctor and satisfy such sums.

Further, I hereby give a lien on my case to said doctor against any and all proceeds of any settlement, judgement or verdict which may be paid to you, my attorney, or myself as the result of the injuries I sustained in connection therewith.

I fully understand that I am directly and fully responsible to said doctor for all sums due him for services rendered to me and that this agreement and assignment is made solely for the doctors additional protection and in consideration of his awaiting payment. I understand that such payment is not contingent on any settlement, judgement or verdict by which I may eventually recover such fees.

I further direct that a facsimile or copy of this agreement shall carry equal authority as does the original.

DATE _____ SIGNATURE OF PATIENT _____



I, the undersigned, being the attorney of record for the above patient, do hereby agree to observe all terms and understandings stated hereinabove and pledge to withhold such sums from any settlement, judgement or verdict as may be necessary to protect the above referenced doctor and to remit such sums directly to him.

DATE _____ SIGNATURE OF ATTORNEY _____

ATTORNEY: Enclosed are two copies of this agreement and a return envelope. Please expediently date, sign and return one copy to the doctor's office listed above. Keep one copy for your files.