

PHYSICIAN'S LIEN

STATE OF OKLAHOMA

COUNTY OF \_\_\_\_\_ | SS.

KNOW ALL MEN BY THESE PRESENTS:

That pursuant to Title 42 Okl.St.Ann.§ 46, claim is hereby made, and a lien filed and entered on the Mechanic's and Materialman'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

\_\_\_\_\_  
Address

PARENTS OR  
LEGAL GUARDIAN  
if a minor child

\_\_\_\_\_  
Address

Insurance Company \_\_\_\_\_

\_\_\_\_\_  
Address

OTHER  
ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State reason 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\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires:

\_\_\_\_\_