

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:
