

ALTA MESA CHIROPRACTIC

To: _____

Re: Medical Reports and Lien for : _____

I do by authorize Michone Ouellette, D.C. to furnish my attorney with a full copy of their records of myself in regard to the accident, which I was involved on _____.

I hereby authorize and direct you, my attorney, to pay directly to Michone Ouellette D.C. such sums as may be due and owing them for medical service rendered to me by reason of this accident and to withhold such sums from any settlement, judgment, or verdict as may be necessary to adequately protect Michone Ouellette, D.C. I hereby further give a lien on my case to Michone Ouellette, D.C. against any and all proceeds of settlement, judgment or verdict which may be paid to you, my attorney, or myself as the result of the injuries for which I have been treated or injuries in connection therewith.

I fully understand that I am directly and fully responsible to Michone Ouellette, D.C. for all medical bills submitted by them for service rendered me and on my behalf in preparing my case for trial or settlement and that this agreement is made solely for the additional protection of Michone Ouellette, D.C. and in consideration of her awaiting payment. I further understand that such payment is not contingent on any settlement, judgment, or verdict by which I may eventually recover said fee.

Dated: _____

Patient's Signature: _____

Patient Name Printed: _____

The undersigned, being attorney of record for the above patient, does hereby agree to observe all terms of the judgment or verdict as may be necessary to adequately protect said medical facility above named.

Dated: _____

Attorney's Signature: _____

Attorney's Name Printed: _____

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