

PHYSICIANS LIEN

TO COUNTY CLERK OF Oklahoma COUNTY:
PURSUANT TO 42 O.S. 46, THIS IS A LIEN FOR AMOUNTS DUE
FOR MEDICAL SERVICES AGAINST ANY RECOVERY OR SUM
OF MONEY HAD OR COLLECTED BY THE INJURED PERSON, OR
BY HIS HEIRS, PERSONAL REPRESENTATIVE, OR, ESTATE OR
NEXT OF KIN IN THE EVENT OF HIS OR HER DEATH WHETHER
BY JUDGMENT, SETTLEMENT OR COMPROMISE.

DATE OF ACCIDENT 11-01-01
AMOUNT OF ITEMIZED BILL: \$ 850.00*

* still treating

DOCTOR ASSERTS THIS LIEN AGAINST THE FOLLOWING SHOULD
PATIENT MAKE A CLAIM AGAINST ANY OF THEM OR IF
SETTLEMENT PROCEEDS COME INTO THEIR POSSESSION

FOR USE OF COUNTY CLERK

Doc # 2002008311
Bk 335
Pg 293-293
DATE 01/16/02 15:30:47
Filing Fee \$15.00
Documentary Tax \$0.00
State of Oklahoma
County of Oklahoma
Oklahoma County Clerk
Carolynn Caudill

NAME OF INJURED PERSON

(Patient) Charles Johnson

NAME OF PARENT OR GUARDIAN OF MINOR PATIENT

ADDRESS 7805 Lyngwood Ln Apt 280
CITY, STATE AND ZIP OKC, Ok 73132

NAME OF DEFENDANT (Driver #1) Garden Ridge Pottery

ADDRESS _____
CITY, STATE AND ZIP _____

DRIVER #1's INSURANCE CARRIER Wausau

Policy Number (if known) _____ Claim Number (if known) _____

ADDRESS P.O. Box 152800
CITY, STATE AND ZIP Clarington Tx 75015

NAME OF DEFENDANT (Driver #2) _____

ADDRESS _____
CITY, STATE AND ZIP _____

DRIVER #2's INSURANCE CARRIER _____

Policy Number (if known) _____ Claim Number (if known) _____

ADDRESS _____
CITY, STATE AND ZIP _____

PATIENT'S MED PAY AND U.M. CARRIER _____

Policy Number (if known) _____ Claim Number (if known) _____

ADDRESS _____
CITY, STATE AND ZIP _____

PATIENT'S ATTORNEY Lawyer & PPHs

ADDRESS 3312 N. Classen Blvd
CITY, STATE AND ZIP OKC, Ok 73118

CLINIC NAME Pain Management & Rehab Clinic PHONE 405-755-2288
PHYSICIAN Troy Tortorici MD, Steve Sweeney DC FAX 405-755-2290
ADDRESS 11101 Hefner Pointe Dr, Suite 208 OKC, OK 73120
MAKE CHECK PAYABLE TO: Pain Management TAX ID _____

SIGNATURE: [Signature]

Subscribed and sworn to before me this 8 day of Nov, Year 2001
My commission expires 5-7-05 Notary Public [Signature]

SEND COPIES BY CERTIFIED MAIL
ATTACH ITEMIZED BILL

THIS IS NOT A LIEN AGAINST REAL ESTATE OWNED BY THE INJURED PERSON UNLESS REAL ESTATE OR GOODS ARE
USED AS THE MODE OF PAYMENT IN SETTLEMENT OR COMPROMISE OF THE CLAIM MADE BY THE INJURED
PERSON. THIS LIEN AGAINST ANY JUDGMENT, OR ANY SETTLEMENT OF A CLAIM ARISING UNDER THE
WORKS ACT OF OKLAHOMA.

