

PHYSICIANS LIEN

FOR USE OF COUNTY CLERK

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 10-24-01
AMOUNT OF ITEMIZED BILL: \$ 775.00*

Doc # 2002008313
Bk 8325
Pg 295-295
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

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

* Still treating

NAME OF INJURED PERSON
(Patient) Gladys Browner

NAME OF PARENT OR GUARDIAN OF MINOR PATIENT
ADDRESS P.O. Box 36363
CITY, STATE AND ZIP OKC, OK 73136

NAME OF DEFENDANT (Driver #1)
ADDRESS
CITY, STATE AND ZIP

DRIVER #1's INSURANCE CARRIER Saint Paul and Claims
Policy Number (if known) _____ Claim Number (if known) NU01135
ADDRESS P.O. Box 9060
CITY, STATE AND ZIP Brandon, Florida 33509

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 Chandler & Bonzie
ADDRESS 8241 S. Walker #C
CITY, STATE AND ZIP OKC, Ok 73139

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 12 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 COLLATERAL IN SETTLEMENT OR COMPROMISE OF THE CLAIM MADE BY THE INJURED
PERSON AGAINST ANY JUDGMENT, OR ANY SETTLEMENT OF A CLAIM ARISING UNDER THE
WORKS OF OKLAHOMA.

