

PHYSICIAN'S LIEN

State of Oklahoma)
County of Canadian) §

Know all men by these presents:

That pursuant to Title 42 O.S. Supp. 1985, §46, claim is hereby made, and a lien filed and entered on this Mechanic's and Materialman's Lien Docket in the Office of the County Clerk of Canadian County, Oklahoma; on the ___ day of _____, 20___, as follows:

Physician

Address

City State Zip Code

Amount of Claim: \$ _____
Itemized statement for medical services is attached hereto as Exhibit "A".

Claim Against: _____
Patient Name

Address

City State Zip Code

Parents or Legal Guardian if a minor child

Address

City State Zip Code

Insurance Company

Address

City State Zip Code

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