

NOTICE OF PHYSICIAN'S LIEN

For Courts Use Only

To the County Clerk of Tulsa, Oklahoma; pursuant to Okla. Stat. tit. 42 § 46, please enter this lien on the Mechanics and Materialman's lien docket. This lien concerns amounts due to Physician for services rendered to below named patient relating to injuries sustained by patient arising from an accident that occurred on 2009-06-22. This lien is not being asserted against any real property owned by Patient, but rather Physician hereby places the following parties on notice that this lien is being asserted against any recovery or sum had or collected or to be collected by said patient, their heirs, personal representatives, or their estate, whether Patient's remedy for said accident is made by settlement, compromise, judgement or court award.

☒ Attached bill is **not** final lien. An amended lien to follow.

Lien Amount \$1125.0

☐ Attached bill is the final lien.

☐ This lien amends lien no. , because:

Patient: Trampis Forman 285 2nd Street Oaks, OK 74359	Patient's Insurer: None ,	Policy or Claim no.: Adjuster:
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Defendant: ,	Defendant's Insurer: State Farm Ins. Co. PO Box 22101 Tulsa, OK 74121-2101	Policy or Claim no.: 36A626081 Adjuster: Team 6
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Other Responsible Party: ,	Other Party's Insurer: None ,	Policy or Claim no.: Adjuster:
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Patients Attorney (If Known):	Esther Sanders 1015 S Detroit Ave Tulsa, OK 74120
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Physician: Allan Fielding	Make Checks Payable To: Spine Specialists
Address: 2000 S Wheeling Ave Ste 1110 Tulsa, , OK 74104	Tax ID Number: 731579386
	Telephone Number: (918) 294-0080
	Physician Signature:

State of Oklahoma)
County of Tulsa) ss.

Before me, a Notary Public, in and for said County and State, personally appeared the above Physician, Known to be the same and identical person, signed of his own free act and accord and for the uses and purposes therein set forth. In witness thereof, I have affixed my hand and official seal on this ____ day of _____, 20____

My commission no. 07003588 expires on 2011-04-12

____ Notary Public