

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 2009-08-05. 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 \$2453.0

☐ Attached bill is the final lien.

☐ This lien ammends lien no. , because:

Patient: Jorge Aisa 1331 N Braden Tulsa , OK 74115	Patient's Insurer: Progressive Insurance 7666 E. 61st St Suite 300 Tulsa , OK 74133	Policy or Claim no.: 091827396 Adjuster: Clarence Smith
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Defendant: Allison Woodworth ,	Defendant's Insurer: Progressive Insurance 7666 E. 61st St Suite 300 Tulsa , OK 74133	Policy or Claim no.: 091827396 Adjuster:
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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):	Phillip C. Hawkins 1800 S. Baltimore, #820 Tulsa , OK 74119
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Physician: Amanda McDowell
Address: 8124 S. Havard Ave
Tulsa, OK 74137

Make Checks Payable To: McDowell Chiropractic and Acupuncture
Tax ID Number: 680667843
Telephone Number: (918) 938-6801
Physician Signature: _____

State of Oklahoma)
County of) 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. expires on _____ Notary Public