

StoneRidge Chiropractic

107 South 1470 East Suite 102 St. George, UT 84790 Phone 435-652-4476 Fax 435-674-2408

Justin W. Salmon, DC - Brian T. Richey, DC - T. Brock Kesterson, DC

MEDICAL REPORT and DOCTOR'S LIEN

I do hereby authorize StoneRidge Chiropractic to furnish you, my attorney, with a full report of examination, diagnosis, treatment, prognosis, etc., of myself in regard to the accident in which I was recently involved.

I hereby authorize and direct you, my attorney, to pay directly to said clinic such sums as may be due and owing for medical services rendered me both by reason of this accident and by reason of any other bills that are due the clinic and to withhold such sums from any settlement, judgment or verdict as said clinic against any and all and notify you of a portion of proceeds of my settlement, judgment or verdict which may be paid to you, my attorney, or myself, as the result of the injuries for which I have been treated of injuries in connection wherewith.

I agree never to rescind this document and that rescission will not be honored by my attorney. I hereby instruct that in the event another attorney is substituted in this matter, the new attorney honor this lien as inherent to the settlement and enforceable upon the case as if it were executed by him. I fully understand that I am directly and fully responsible to said clinic for all medical bills submitted for service rendered me and that this is made solely for said clinic's additional protection and in consideration of awaiting payment. And I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee.

Please acknowledge this letter by signing below and returning to StoneRidge Chiropractic, I have been advised that if my attorney does not wish to cooperate in protecting the clinic's interest, the clinic will not await payment but will require me to make payments on current basis.

Dated _____ Patient's Signature _____

The undersigned being attorney of record for the above patient does hereby agree to observe all the terms of the above and agrees to withhold such sums for any settlement, judgment, or verdict, as may be necessary to adequately protect said clinic above-named.

Dated _____ Attorney's Signature _____