

Carlsbad Imaging Center
3144 El Camino Real Suite 100
Carlsbad, Ca 92008
Fax # (760) 720-4833
(760) 730-3536

To: Attorney _____

RE: Medical Records and Doctor's Lien

Patient Name: _____
Exam: _____

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

I do hereby authorize and direct you, my attorney, to pay directly to said doctor such sums as may be due and owing said doctor for medical service rendered to me both by reason of this accident and by reason of any other bills that are due the doctor's office and to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect and fully compensate said doctor. And, I hereby further give a lien on my case to said doctor against any and all 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 or injuries in connection therewith.

I fully understand that I am directly and fully responsible to said doctor for all medical bills submitted by said doctor for service rendered me and that this agreement is made solely for said doctor's additional protection and in consideration of the doctor awaiting payment. And I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover due fee.

Patient's Signature: _____ Date: _____

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

Attorney's Signature: _____ Date: _____

Attorney:

If during the course of the case your client changes attorney, please inform us as soon as possible, so that we can direct payment to the appropriate party.

Please date, sign and return one copy to facility office.

Keep one copy for your records.