

Doctor's Lien

To _____

William P. Gallagher, Jr., DC
PO Box 25152
Scottsdale, AZ 85255
480-513-3909

Re: Medical Reports and Doctor's Lien

I do hereby authorize Dr. William P. Gallagher, Jr., DC to furnish you, my attorney, with a full report of his examination, diagnosis, treatment, prognosis, etc., of myself in regard to the accident in which I was involved.

I hereby authorize and direct you, my attorney, to pay directly to Dr. Gallagher such sums as may be due and owing him for chiropractic services rendered me both by reason of this accident and by reason of any other bills that are due his office and to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect Dr. Gallagher. And I hereby further give a lien on my case to Dr. Gallagher against any and all proceeds from any 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 Dr. Gallagher for all bills submitted by him for service rendered me and that this agreement is made solely for Dr Gallagher's additional protection and in consideration of his 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.

Furthermore, should I change attorneys at any point this agreement shall be binding upon the new attorney.

Patient's signature date

Print Patient's name _____

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 from any settlement, judgment or verdict as may be necessary to adequately protect Dr. Gallagher.

Attorney's signature date