

## Rasmussen Chiropractic Center, P.C.

**To:**

Attorney \_\_\_\_\_  
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\_\_\_\_\_  
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**From:**

Doctor Steven B Rasmussen, DC, DABCO  
200 East Lanier Avenue  
Fayetteville Georgia 30214  
(770) 461-8781 office  
(770) 461-5079 fax

**RE: HEALTH REPORTS AND DOCTOR'S LIEN**

I hereby authorize the above doctor 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 said doctor such sums as may be due and owing him for professional 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 adequately to protect said doctor. I hereby further give a lien on my case to said doctor against any and all proceeds of 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 said doctor for all professional bills submitted by him for service rendered me and that this agreement is made solely for said doctor's additional protection and in consideration of his awaiting payment. I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee. This lien shall be irrevocable until such time that all of the doctor's bills have been paid in full.

Dated \_\_\_\_\_ Patient Name \_\_\_\_\_

Patient 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 from any settlement, judgment or verdict as may be necessary adequately to protect the said doctor named above.

Dated \_\_\_\_\_ Attorney Signature \_\_\_\_\_

**Attorney: Please date, sign and return one copy of this to the above named doctor's office. Please send your acknowledgment of this lien to the above named doctor's office on your letterhead.**