



Patient Name: \_\_\_\_\_

Law Office: \_\_\_\_\_

SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Contact: \_\_\_\_\_ Fax: \_\_\_\_\_

I do hereby authorize Suarez Physical Therapy 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 recently involved.

I hereby authorize and direct you, my attorney, to pay directly to said physical therapist such sums as may be due and owed to him for medical service rendered to me, both by reason of this accident and by reason of any other medical bills, that are due to his office and to withhold such sums from any settlement, judgment, or verdict provided to me as necessary to adequately protect said physical therapist. And I hereby further give a Lien on my case to said physical therapist 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 agree never to rescind this document and that a 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 physical therapist for all medical bills submitted by him for service rendered me and that this agreement is made solely for said physical therapist's additional protection and in consideration of him 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 the physical therapist's office. I have been advised that if my attorney does not wish to cooperate in protecting the physical therapist's interest, the physical therapist will not await payment but will require me to make payments on a current basis.

I waive the Statute of Limitation regarding the doctor's above right to recover.

It is understood and agreed that a copy of this lien shall have the same force and effect as the original.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

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 said physical therapist above-named.

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney's Printed Name

\_\_\_\_\_  
Date

Our Centers:

**SOUTHEAST**

3620 E. Sunset Rd., Ste.100  
Las Vegas, NV 89120  
F: 702.368.6775

**SOUTHWEST**

6930 S. Cimarron Rd., Ste 160  
Las Vegas, NV 89113  
F: 702.685.7811

**NORTHWEST**

6200 N. Durango Dr., Ste. 120  
Las Vegas, NV 89149  
F: 702.462.6141