

Jason B. Kaster

Chiropractic Physician

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DOCTOR LETTER OF PROTECTION

TO ATTORNEY: _____.

ADDRESS: _____

RE: MEDICAL REPORTS AND DOCTOR LIEN

PATIENT'S NAME: _____

I do hereby authorize the above doctor to furnish you: the above listed attorney and the and / or insurance company, 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, the above listed attorney and/or insurance company, to pay directly to said doctor such sums may be due to swing him for medical service rendered to me both by reason of this accident and by reason of any bills that are due his office and to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately proceeds of any settlement, judgment of verdict which may be paid to you. The above listed attorney and/or 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 him for service rendered me and that his agreement is made solely for said doctor additional protection an in consideration of his awaiting payment and I further understand that such payment is not contingent on settlement, judgment or verdict by which I may eventually recover said fee.

Date _____ Patient's Signature _____

Date _____ Witness's Signature _____

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

Dated _____ Attorney's Signature _____

Attorney: Please date / sign and return one copy to doctor's office at once, and keep one for your records