



## Gulf Coast Spinal Center

2921 West Michigan Avenue  
Pensacola, Florida 32526  
(850)434-8880

24 E Nine Mile Rd  
Pensacola, Fl 32514  
(850) 479-1333

### Notice of Assignment

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: Medical reports and Doctor's lien

I do 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 medical 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, judgement or verdict as may be necessary to adequately protect said doctor. And I hereby further give a lien on my case to said doctor against any and all proceeds of any settlement, judgement, 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 connected therewith.

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

Patient's name: \_\_\_\_\_ Witness: \_\_\_\_\_

Patient's signature: \_\_\_\_\_ Date:    /    /

Date of accident:     /    /

Name of Lien Holder: \_\_\_\_\_

Attorney's signature: \_\_\_\_\_

Please sign before remitting to us for our files.