



LIEN

Able Orthopedic & Sports medicine, P.C.
Mehran Manouel M.D.
76-55 Austin Street
Forest Hills, NY 11375
Tel # 718-897-2228
Fax# 718-897-2251

I, _____

Residing at

in consideration of the professional medical services rendered to me by Dr.

Manouel in connection with the accident which occurred on

_____, I hereby assign, transfer, and set over on to Dr. Manouel,

the sum of _____dollars to be paid by me from my share of any
recovery made in my claim or law suit for the damages for personal injuries
at the conclusion of the claim or action.

Patient's signature _____ Date _____

Lawyer's signature _____ Date _____

To Attorney – Please date, sign and return one copy to Doctors office.

- Keep one copy for your records.