

## MEDICAL SERVICES LIEN

STATE OF OREGON )  
 )  
COUNTY OF \_\_\_\_\_, SS:)

Notice is hereby given that \_\_\_\_\_ *[insert name of medical service provider]*, whose address is \_\_\_\_\_ *[insert address of service provider]*, has rendered hospitalization services or medical treatment to:

\_\_\_\_\_ *[insert name of patient]*, of \_\_\_\_\_  
*[insert address of patient]*

a person who was injured on or about the \_\_\_ day of \_\_\_\_\_ in the city of \_\_\_\_\_, county of \_\_\_\_\_, State of Oregon. The hospitalization services or medical treatment was rendered to the injured person between the \_\_\_\_\_ day of \_\_\_\_\_ and the \_\_\_ day of \_\_\_\_\_, and the undersigned claimant hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settlement, award or judgment from any person alleged to have caused said injuries and any other person liable for the injury or obligated to compensate the injured person on account of said injuries.

**THIS IS A 3-PAGE FORM.**