NOTICE OF PHYSICIAN'S LIEN

Frances Przeworski 1801 N. 20th Avenue TO: Melrose Park, IL 60160

Westtown Medical Practice Associates, PC 675 W. North Avenue Melrose Park, IL 60160 Medical Director:

Dr. Allen Malnak PLEASE TAKE NOTICE that the undersigned, a duly licensed and practicing physician in the State of Illinois has rendered or will render services by way of treatment to. FRANCES. of 1801 N. 20th Avenue PRZEWORSKI ILLINOIS 60160 MELROSE PARK , 19____and for which injuries the following sustained on____ named praty or parties is or may be liable to make compensation to said injured person on account of any claims or rights of action which said injured person may have: Westtown Medical Practice Assoc. Prudential Ins. Frances Przeworski 675 W. North Avenue 600 Holiday \$1.Dr. 1801 N. 20th Ave. Melrose Park, IL 60160 Melrose Park, IL 60160 Suite 455 Matteson, IL Medical Director: 60443 Dr. Allen Malnak YOU ARE HEREBY FURTHER NOTIFIED that the undersigned claims a lien, as provided under the laws of the State of Illinois relating to Physician's Liens, upon all claims and causes of action of said injured person for his reasonable charges for services rendered up to the date of payment of such damages. In the event that there is insurance covernge, it is suggested for your protection, that this Notice of Physician's Lien be forwarded proriptly to the insurance carrier. MIDWEST ANESTHISTA & ORAL IMPLANT, PC. **9**3694254 927 S. MANNHEIM ROAD WESTCHESTER, II 60154 05-1-01 RECORDING \$23.5 Y#6664 TRAN 0772 08/31/93 12:04:00 \$23.50 PROOF OF SERVICE -689815 CUBK COUNTY RECORDER STATE OF ILLINOIS COUNTY OF GAMAL S. NAGUIB, D.M.D. _____being of legal age and being duly sworn. deposes and says that on the____ __ day of__ he served the foregoing Notice of Physician's Lien upon the above-mentioned persons by:*) Delivering personally a true copy thereof to: ∫ registered (X) Mailing a true copy thereof by mail to the following named persons at certified their respective addresses above shown:

Sworn and subscribed to before me day of Hoset 1993 "Official Seal"

otipe must be served upon th

Melrose Park, IL 60160 Melrose Park, IL 60160 Medical Director:

675 W. North Avenue

John Linkiewicz

Dr. Allen Malnak

Frances Przeworski

1801 N. 20th Avenue

GAMAL

Westtown Medical Practice Assoc. Prudential Ins.

Notary Public State of Illianis of Inches liable on such claims or rights of action

suite 455 Matteson, IL

80443

600 Holiday Pl Dr.

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