head>

Date: [Date]

To: [Pharmacy Name]
Address: [Pharmacy Address]
Fax/Email: [Pharmacy Contact Info]

RE: Patient/Client Name: [Patient Name]
Date of Birth: [Patient DOB]
Date of Incident: [Date of Accident]
Law Firm Internal File #: [File Number]

Dear Pharmacy Manager,

Please be advised that this office represents the above-named client in a legal claim for personal injuries sustained on the date referenced above.

This letter serves as a formal **Letter of Protection (LOP)** and **Acknowledgment of Pharmacy Lien**. We request that you provide necessary medications and pharmaceutical services to our client on credit, in consideration of this lien against any future settlement or judgment.

By accepting this letter, the following terms are agreed upon:

- The Pharmacy will maintain an itemized statement of all charges incurred by the patient.
- Our firm is directed to withhold sufficient funds from any settlement or judgment to pay the pharmacy's outstanding balance related to this incident.
- Payment is contingent upon the successful recovery of funds. If there is no recovery, the patient remains personally responsible for the balance.
- The Law Firm agrees to notify the Pharmacy upon the resolution of the case.

Please sign below to acknowledge receipt of this lien and return a copy to our office via fax or email.

Sincerely,

[Attorney Name]
[Law Firm Name]

PHARMACY ACKNOWLEDGMENT:

The undersigned Pharmacy hereby accepts the terms of this Lien and Letter of Protection.

Signature: _____ Date: _____

Printed Name/Title: _____