



HOPKINS CLINIC FOR PHYSICAL MEDICINE
Providing Chiropractic, Medical and Physical Rehabilitation Services
Specializing in 2nd Opinions and Forensic Consultations



Date: _____

To My Attorney: _____

Re: Letter of Protection

Dear _____;

Please provide at your earliest convenience a Letter of Protection to Hopkins clinic for Physical medicine confirming that the fees / services will be protected at the time of settlement / adjudication of my case.

Thank you for your assistance in this matter.

Sincerely,

Signature

Printed Name