

**Ketan D. Vora, DO, P.C.**

68-60 Austin St., STE 404

Forest Hills, NY 11375

Tel #: 1-877-SPINE-DR

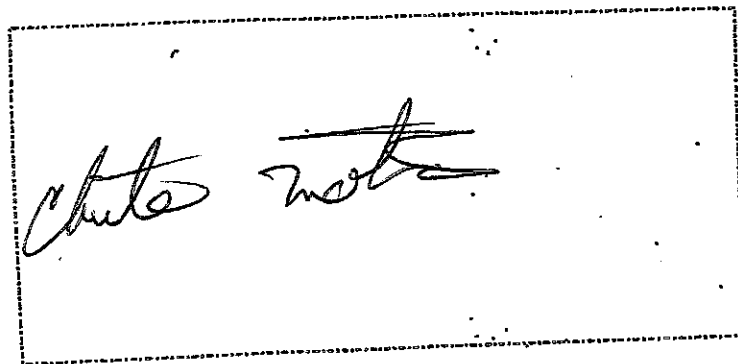
Fax: (347) 708-8499

**WC Forms**

Date: 7-1-22

I, Clemente Matos, hereby authorize Ketan D. Vora, PC to use my signature as signed below for the following documents:

1. Workers Compensation Board form
2. Employee Claim, C-3 form
3. Workers Compensation release form, C-3.3
4. Consent to use and Disclosure of Health Information form
5. Informed Consent form
6. Fee Guarantee Agreement
7. HIPAA (OCA official Form NO.: 960)



(Please sign in the middle of the box with a black pen)