

Ketan D. Vora, DO, P.C.

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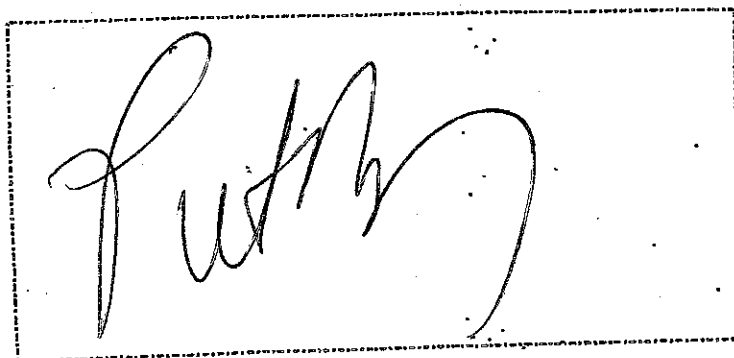
Fax: (347) 708-8499

WC Forms

Date: 7/1/12

I, Peter W. Vora - Peter W. Vora, 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)