

Ketan D. Vora, DO, P.C

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Date: 8/30/12

I, Karla Vides Colon hereby authorize Ketan D. Vora, PC
to use my signatures as signed below for the following documents:

1. NYS Motor Vehicle No-Fault AOB Form
2. NYS Form NF-2
3. NYS Form NF-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)

A rectangular box containing a handwritten signature in black ink. The signature appears to be 'K. Vides' with a stylized flourish at the end.

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