

Ketan D. Vora, DO, P.C

68-60 Austin St Suite 404

Forest Hills NY 11375

T: (877) Spine-Dr


(877)774-6337

F: (347)708-8499

Date: 7/28/12

I, SHAKENA HOWARD 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)



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