Ketan D. Vora, D.O, P.C.

Tel: (877) 774-6637

Fax: (347) 708-8499

Letter of Medical Necessity

Re:	
Studies:	MRI
DOA:	
To Whom It May Concern:	
I, <u>Ketan D. Vora</u> (Referring Physician) be	eing duly licensed in the State of NY, hereby
certify under penalties of perjury that it is	my professional opinion that the (MRI)
Magnetic Resonance Imaging study that I	have ordered for my patient,
	_ is medically necessary in order to obtain a
more accurate diagnosis of this patient's c	urrent condition. It will also help me determine
the full extent of the injuries, in order to	establish a more effective treatment plan.
Sincerely,	
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Dr. Ketan D. Vora, D.O.	

LIC: NY243182