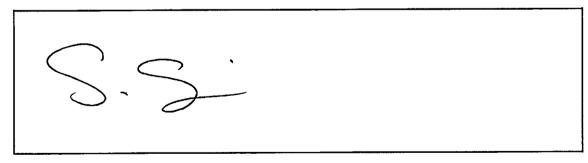
## Ketan D. Vora, DO, P.C

68-60 Austin St Suite 404 Forest Hills NY 11375 T: (877) Spine-Dr (877)774-6337 F: (347)708-8499

Date: 7/18/v

I, Stephanie Schialone 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