

Ketan D. Vora, DO, P.C

68-60 Austin St Suite 404

Forest Hills NY 11375

T: (877) Spine-Dr

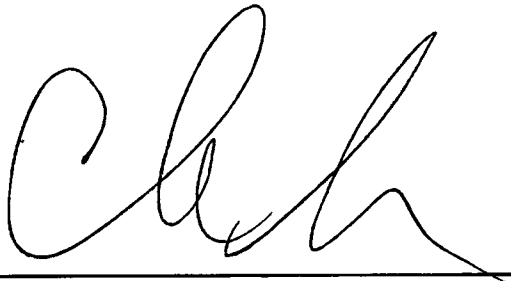
(877)774-6337

F: (347)708-8499

Date: 7/20/12

I, Christina Schiavone 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 is cursive and appears to read 'Christina Schiavone'.

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