

**UK Sinha Physician, P.C.**

102-31 Jamaica Ave.  
Richmond Hill, NY 11418  
Ph: 718-480-1130 Fax: 718-480-1132  
usinhaorthopedics@gmail.com

---

Date: \_\_\_\_\_

**NF Forms**

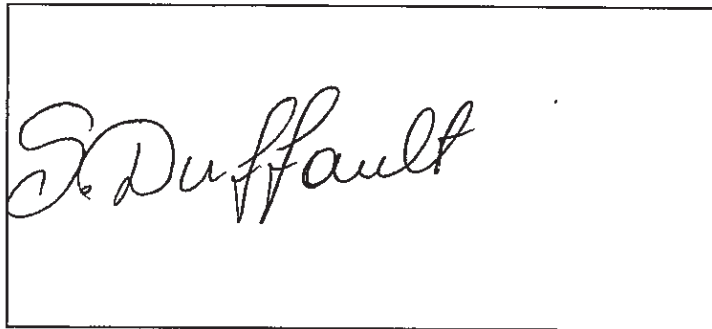
I, Stephanie Duffault hereby authorize UK Sinha Physician, P.C.

to use my signature as signed below for the following documents:

1. NY Motor Vehicle No-Fault AOB Form
2. NYS Form NF-2
3. NYS Form NF-3
4. Attorney Lien document
5. HIPAA (OCA official Form NO.: 960)

**WC Forms**

1. Workers Compensation Insurance form
2. HIPAA (OCA official Form NO.: 960)



(Please sign within the box with black ink)