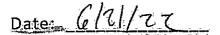
UK Sinha Physician, P.C.

[02-3] Jamaica Ave. Richmond Hill, NY 11418 Ph: 718-480-1130 Fax: 718-480-1132 usinhaorthopedics@gmail.com



NF Forms

1, Ismael Mode 7 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)

Semal ment

(Please sign within the box with black ink)