

~~2425~~ Eastchester Avenue

### Patient Sign-In

Date: 01/12/26

Please sign-in and notify us if:

- New Patient
- Phone/address change
- Insurance Change

NO.	Patient Name Please Print	Appt. Time	Arrival Time	Appt. with	New Patient (✓)	Phone/address Change (✓)	Insurance Change (✓)
1	1 Wise Sean						
2	2 Campbell Brianna						
3	3 Virginia Pelslev						
4	4 Constantes Hernandez						
5	5 Camacho Tamara						
6	6 Apata IBILOA						
*7	7 Rawling Dale						NO EXTREMITY
8	8 Maurer Bennet						
9	9 Jara JOANNY						
10	10 Marshal Harris						
11	11 Daley Jhaniele						
12	12 Rivera Andrew						
13	13 Sookra neel						
14	14 Cardenas Joselyn						
15	15						
16	16						
17	17						
18	18						
19	19						
20	20						
21	21						
22	22						
23	23						
24	24						
25	25						

# DYNAMIC MOBILE XRAY SERVICES LLC

3412 BLUESTONE LANE  
E STROUDSBURG, PA 18301  
(570) 431-9721 / (570) 209-5771 FAX  
dynamicmobilexrays@gmail.com

## Radiology Interpretation

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**PATIENT NAME:** CAMMACK TAMARA  
**DATE OF BIRTH:** 12/07/1965  
**ID/MRN:** 20260112174550436  
**CLINICIAN:** CASELLA, JOSEPH.DR  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 01/12/2026  
**HISTORY:** M54.6-PAIN IN THORACIC SPINE, M25.562-PAIN IN LEFT KNEE

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### SPINE THORACIC X-RAY 2 view:

Comparison: None

#### FINDINGS:

Multiple views of the thoracic spine demonstrate normal alignment. Moderate spondylosis of the thoracic spine is present. There are no acute fractures or subluxations of the thoracic spine. Diffuse osteopenia is seen throughout the bones. The soft tissues are unremarkable. If there is further concern or neurological abnormalities on clinical exam, recommend further radiographic views, MRI or CT of the thoracic spine for complete assessment.

#### IMPRESSION:

No acute fracture or subluxation of the thoracic spine.

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### LEFT KNEE X-Ray - 1-2 view:

Comparison: None

#### FINDINGS:

Multiple views of the left knee show normal alignment without acute fractures or dislocations. Severe osteoarthritis is seen in the tricompartment joint spaces. Diffuse osteopenia is seen throughout the bones. There are no joint bodies. There is no knee region soft tissue swelling. There is no joint effusion. There are no radiopaque foreign bodies. If there is further concern, recommend follow-up radiographs or MRI for complete assessment.

#### IMPRESSION:

No acute fracture or dislocation of the left knee.

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Electronically Signed By: Dr. Lan Vu M.D. 01/15/2026 11:49:14 EST

Tech: Dynamic Mobile Xray Services LLC



**DYNAMIC**  
MOBILE XRAY SERVICES LLC

Phone: (570)243-1888  
Fax: 570-209-5771

Email: dynamicmobilexrays@gmail.com  
website: dynamicmobilexray.com

**MOBILE PORTABLE X-RAY ORDER FORM**

DATE 01/14/26

**YOUR INFORMATION:**

NAME: CAMMACK TAMARA D.O.B. 12/09/65 SS# \_\_\_\_\_  MALE  FEMALE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

FACILITY (IF APPLICABLE) \_\_\_\_\_ ROOM# (IA) \_\_\_\_\_ ADDRESS (IA) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

SECONDARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

**PROCEDURE: (Circle what is needed)**

<p>ABDOMEN ..... KUB 1 view ..... <input type="checkbox"/> 74000 Complete 2 views ..... <input type="checkbox"/> 74020 Acute w/chest 3 views ..... <input type="checkbox"/> 74022</p> <p>AC JOINTS W/ &amp; W/O WEIGHTS 2 views ..... <input type="checkbox"/> 73050</p> <p>ANKLE ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73600 Complete 3 views ..... <input type="checkbox"/> 73610</p> <p>BONE AGE ..... 1 view ..... <input type="checkbox"/> 77072</p> <p>BONE SURVEY.. Complete ..... <input type="checkbox"/> 77075</p> <p>CERVICAL ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72040 Complete w/min. 4 views ..... <input type="checkbox"/> 72050 Complete w/flex &amp; ext. 7 views ..... <input type="checkbox"/> 72052</p> <p>CHEST ..... Limited 1 view ..... <input type="checkbox"/> 71045 Complete 2 views ..... <input type="checkbox"/> 71046 Complete w/lordotic 3 views ..... <input type="checkbox"/> 71047 Complete 4 views ..... <input type="checkbox"/> 71048 Special views Decubitus ..... <input type="checkbox"/> 71035</p> <p>CLAVICLE ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73000</p> <p>ELBOW..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73080</p> <p>FACIAL BONES.. Complete 3 or more views ..... <input type="checkbox"/> 70150</p> <p>FEMUR..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73550</p> <p>FINGER(S) # ____ Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73140</p> <p>FOOT ..... Weight bearing 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73620 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73630</p> <p>FOREARM ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73090</p>	<p>HAND ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73130</p> <p>HEEL..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73650</p> <p>HIP ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73510 Bilateral 2 views (each hip) - R <input type="checkbox"/> L <input type="checkbox"/> 73520</p> <p>HUMERUS..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73060</p> <p><u>KNEE</u> ..... Limited 1 or 2 views R <input type="checkbox"/> L <input checked="" type="checkbox"/> 73560 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73562 Complete 4 views - R <input type="checkbox"/> L <input type="checkbox"/> 73564 Both knees, AP standing - R <input type="checkbox"/> L <input type="checkbox"/> 73565</p> <p>LUMBAR ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72100 Complete 4 views w/obl ..... <input type="checkbox"/> 72110 Complete w/bending 7 views ..... <input type="checkbox"/> 72114 Limited w/bending 4 views ..... <input type="checkbox"/> 72120</p> <p>MANDIBLE ..... Limited 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 70100 Complete 4 views ..... <input type="checkbox"/> 70110</p> <p>MASTOIDS ..... Complete min. 3 views ..... <input type="checkbox"/> 70130</p> <p>NASAL BONES.. Comp. min. 3 views ..... <input type="checkbox"/> 70160</p> <p>NECK ..... Soft tissue 2 views ..... <input type="checkbox"/> 70360</p> <p>ORBITS..... Complete 4 views ..... <input type="checkbox"/> 70200 MRI screening ..... <input type="checkbox"/> 70030</p> <p>PELVIS ..... Complete 1 or 2 views ..... <input type="checkbox"/> 72170</p> <p>RIBS ..... Unilateral 2 views ..... <input type="checkbox"/> 71100 3 views includes PA chest (trauma) <input type="checkbox"/> 71101 Bilateral, 3 views ..... <input type="checkbox"/> 71110 4 views includes PA chest ..... <input type="checkbox"/> 71111</p>	<p>SACRUM &amp; COCCYX. Min. 3 views ..... <input type="checkbox"/> 72220</p> <p>SCAPULA ..... 2 views - ..... R <input type="checkbox"/> L <input type="checkbox"/> 73010</p> <p>SC JOINTS ..... 3 views ..... <input type="checkbox"/> 71130</p> <p>SHOULDER..... Complete, 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73030</p> <p>SI JOINTS..... Complete, 2 views ..... <input type="checkbox"/> 72200</p> <p>SINUSES ..... Limited 2 or less ..... <input type="checkbox"/> 70210 Complete 3+ views ..... <input type="checkbox"/> 70220</p> <p>SKULL ..... Limited 3 views or less ..... <input type="checkbox"/> 70250 Complete 4 views ..... <input type="checkbox"/> 70260</p> <p>STERNUM ..... Complete 2 views ..... <input type="checkbox"/> 71120</p> <p><u>THORACIC</u>..... 2 views ..... <input checked="" type="checkbox"/> 72072</p> <p>THORACOLUMBAR. 2 views ..... <input type="checkbox"/> 72080</p> <p>TIBIA/FIBULA (LOWER LEG) Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73590</p> <p>TMJ..... Bilateral open/closed ..... <input type="checkbox"/> 70330</p> <p>TOE # ..... Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73660</p> <p>WRIST ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73110</p> <p>INFANT X-RAY ..... <input type="checkbox"/> 71130</p> <p>EXTREMITY Lower. 2 views ..... <input type="checkbox"/> 73592</p> <p>EXTREMITY Upper. 2 views ..... <input type="checkbox"/> 73092</p> <p>PELVIS &amp; HIPS .. mjr. 2 views ..... <input type="checkbox"/> 73540</p> <p>WRIST ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73100</p> <p>OTHER ..... <input type="checkbox"/> 70150</p>
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**REQUESTING PHYSICIAN:**

NAME JOSEPH CASELLA NPI# 1700069259 FAX RESULTS TO ( ) \_\_\_\_\_

INDICATE REASON FOR STUDY PAIN SIGNATURE Joseph Casella

**FOR OFFICE USE ONLY:**

TECHNICIAN Osahon Agwetu (R) TECHNIQUE FSKY/SMAS # OF VIEWS \_\_\_\_\_

X-RAY SENT TO RADIOLOGIST YES DATE X-RAY SENT 1/1 PATIENT ID # \_\_\_\_\_ # OF CD \_\_\_\_\_

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

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dynamicmobilexrays@gmail.com

## Radiology Interpretation

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**PATIENT NAME:** WISE SEAN  
**DATE OF BIRTH:** 05/02/1974  
**ID/MRN:** 20260112182928526  
**CLINICIAN:** CASELLA, JOSEPH.DR  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 01/12/2026  
**HISTORY:** M54.6-PAIN IN THORACIC SPINE, M25.511-PAIN IN RIGHT SHOULDER, M25.512-PAIN IN LEFT SHOULDER

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### SPINE THORACIC X-RAY 2 view:

Comparison: None

#### FINDINGS:

Multiple views of the thoracic spine demonstrate normal alignment.  
There are no acute fractures or subluxations of the thoracic spine.  
The vertebral body heights and disc spaces are grossly preserved.  
The soft tissues are unremarkable.

If there is further concern or neurological abnormalities on clinical exam, recommend further radiographic views, MRI or CT of the thoracic spine for complete assessment.

#### IMPRESSION:

No acute fracture or subluxation of the thoracic spine.

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### LEFT SHOULDER X-Ray Complete 2 or more views:

Comparison: None

#### FINDINGS:

Multiple views of the left shoulder show normal alignment at the gleno-humeral joint.  
There are no acute fractures or dislocations.  
The acromioclavicular joint and coracoclavicular spaces are intact.  
The visualized scapula and clavicle are unremarkable.  
There are no radiopaque foreign bodies.  
No soft tissue swelling is seen.

If there is further concern, follow-up radiographs or MRI of the shoulder may be performed for complete assessment.

#### IMPRESSION:

No acute fracture or dislocation of left shoulder.

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### RIGHT SHOULDER X-Ray Complete 2 or more views:

Comparison: None

#### FINDINGS:

Multiple views of the right shoulder show normal alignment at the gleno-humeral joint.  
There are no acute fractures or dislocations.  
The acromioclavicular joint and coracoclavicular spaces are intact.  
The visualized scapula and clavicle are unremarkable.  
There are no radiopaque foreign bodies.  
No soft tissue swelling is seen.

If there is further concern, follow-up radiographs or MRI of the shoulder may be performed for complete assessment.

#### IMPRESSION:

No acute fracture or dislocation of right shoulder.

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Electronically Signed By: Dr. Lan Vu M.D. 01/15/2026 11:43:37 EST

Tech: Dynamic Mobile Xray Services LLC



**DYNAMIC**  
MOBILE XRAY SERVICES LLC

Phone: (570)243-1888  
Fax: 570-209-5771

Email: dynamicmobilexrays@gmail.com  
website: dynamicmobilexray.com

**MOBILE PORTABLE X-RAY ORDER FORM**

DATE 01/12/26

**YOUR INFORMATION:**

NAME: Wise Sean D.O.B. 05/02/74 SS# \_\_\_\_\_  MALE  FEMALE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

FACILITY (IF APPLICABLE) \_\_\_\_\_ ROOM# (IA) \_\_\_\_\_ ADDRESS (IA) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

SECONDARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

**PROCEDURE: (Circle what is needed)**

<p>ABDOMEN ..... KUB 1 view ..... <input type="checkbox"/> 74000 Complete 2 views ..... <input type="checkbox"/> 74020 Acute w/chest 3 views ..... <input type="checkbox"/> 74022</p> <p>AC JOINTS W/ &amp; W/O WEIGHTS 2 views ..... <input type="checkbox"/> 73050</p> <p>ANKLE ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73600 Complete 3 views ..... <input type="checkbox"/> 73610</p> <p>BONE AGE ..... 1 view ..... <input type="checkbox"/> 77072</p> <p>BONE SURVEY .. Complete ..... <input type="checkbox"/> 77075</p> <p>CERVICAL ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72040 Complete w/min. 4 views ..... <input type="checkbox"/> 72050 Complete w/flex &amp; ext. 7 views ..... <input type="checkbox"/> 72052</p> <p>CHEST ..... Limited 1 view ..... <input type="checkbox"/> 71045 Complete 2 views ..... <input type="checkbox"/> 71046 Complete w/lordotic 3 views ..... <input type="checkbox"/> 71047 Complete 4 views ..... <input type="checkbox"/> 71048 Special views Decubitus ..... <input type="checkbox"/> 71035</p> <p>CLAVICLE ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73000</p> <p>ELBOW ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73080</p> <p>FACIAL BONES.. Complete 3 or more views ..... <input type="checkbox"/> 70150</p> <p>FEMUR ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73550</p> <p>FINGER(S) # ____ Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73140</p> <p>FOOT ..... Weight bearing 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73620 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73630</p> <p>FOREARM ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73090</p>	<p>HAND ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73130</p> <p>HEEL ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73650</p> <p>HIP ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73510 Bilateral 2 views (each hip) - R <input type="checkbox"/> L <input type="checkbox"/> 73520</p> <p>HUMERUS ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73060</p> <p>KNEE ..... Limited 1 or 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73560 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73562 Complete 4 views - R <input type="checkbox"/> L <input type="checkbox"/> 73564 Both knees, AP standing - R <input type="checkbox"/> L <input type="checkbox"/> 73565</p> <p>LUMBAR ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72100 Complete 4 views w/obl ..... <input type="checkbox"/> 72110 Complete w/bending 7 views ..... <input type="checkbox"/> 72114 Limited w/bending 4 views ..... <input type="checkbox"/> 72120</p> <p>MANDIBLE ..... Limited 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 70100 Complete 4 views ..... <input type="checkbox"/> 70110</p> <p>MASTOIDS ..... Complete min. 3 views ..... <input type="checkbox"/> 70130</p> <p>NASAL BONES .. Comp. min. 3 views ..... <input type="checkbox"/> 70160</p> <p>NECK ..... Soft tissue 2 views ..... <input type="checkbox"/> 70360</p> <p>ORBITS ..... Complete 4 views ..... <input type="checkbox"/> 70200 MRI screening ..... <input type="checkbox"/> 70030</p> <p>PELVIS ..... Complete 1 or 2 views ..... <input type="checkbox"/> 72170</p> <p>RIBS ..... Unilateral 2 views ..... <input type="checkbox"/> 71100 3 views Includes PA chest (trauma) <input type="checkbox"/> 71101 Bilateral, 3 views ..... <input type="checkbox"/> 71110 4 views Includes PA chest ..... <input type="checkbox"/> 71111</p>	<p>SACRUM &amp; COCCYX. Min. 3 views ..... <input type="checkbox"/> 72220</p> <p>SCAPULA ..... 2 views - ..... R <input type="checkbox"/> L <input type="checkbox"/> 73010</p> <p>SC JOINTS ..... 3 views ..... <input type="checkbox"/> 71130</p> <p><b>SHOULDER</b> ..... Complete, 2 views - R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> 73030</p> <p>SI JOINTS ..... Complete, 2 views ..... <input type="checkbox"/> 72200</p> <p>SINUSES ..... Limited 2 or less ..... <input type="checkbox"/> 70210 Complete 3+ views ..... <input type="checkbox"/> 70220</p> <p>SKULL ..... Limited 3 views or less ..... <input type="checkbox"/> 70250 Complete 4 views ..... <input type="checkbox"/> 70260</p> <p>STERNUM ..... Complete 2 views ..... <input type="checkbox"/> 71120</p> <p><b>THORACIC</b> ..... 2 views ..... <input checked="" type="checkbox"/> 72072</p> <p>THORACOLUMBAR. 2 views ..... <input type="checkbox"/> 72080</p> <p>TIBIA/FIBULA (LOWER LEG) Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73590</p> <p>TMJ ..... Bilateral open/closed ..... <input type="checkbox"/> 70330</p> <p>TOE # ..... Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73660</p> <p>WRIST ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73110</p> <p><b>INFANT X-RAY</b></p> <p>EXTREMITY Lower. 2 views ..... <input type="checkbox"/> 73592</p> <p>EXTREMITY Upper. 2 views ..... <input type="checkbox"/> 73092</p> <p>PELVIS &amp; HIPS .. min. 2 views ..... <input type="checkbox"/> 73540</p> <p>WRIST ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73100</p> <p>OTHER ..... <input type="checkbox"/> 70100</p>
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**REQUESTING PHYSICIAN:**

NAME JOSEPH CASSELLA NPI# 1700069259 FAX RESULTS TO \_\_\_\_\_

INDICATE REASON FOR STUDY PAIN SIGNATURE Joseph Casella

**FOR OFFICE USE ONLY:**

TECHNICIAN Osahon Ajuetw (R) TECHNIQUE FSKY/SMMS # OF VIEWS \_\_\_\_\_

X-RAY SENT TO RADIOLOGIST YES DATE X-RAY SENT 1/1 PATIENT ID # \_\_\_\_\_ # OF CD \_\_\_\_\_

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

# **DYNAMIC MOBILE XRAY SERVICES LLC**

3412 BLUESTONE LANE  
E STROUDSBURG, PA 18301  
(570) 431-9721 / (570) 209-5771 FAX  
dynamicmobilexrays@gmail.com

## **Radiology Interpretation**

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**PATIENT NAME:** VIRGINIA PELLECIER  
**DATE OF BIRTH:** 10/06/1967  
**ID/MRN:** 20260112180942842  
**CLINICIAN:** CASELLA, JOSEPH.DR  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 01/12/2026  
**HISTORY:** M25.561-PAIN IN RIGHT KNEE

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### **RIGHT KNEE X-Ray - 1-2 view:**

Comparison: None

#### **FINDINGS:**

Multiple views of the right knee show normal alignment without acute fractures or dislocations. The medial and lateral tibiofemoral compartments and patellofemoral compartment are unremarkable. There are no joint bodies. There is no knee region soft tissue swelling. There is no joint effusion. There are no radiopaque foreign bodies. If there is further concern, recommend follow-up radiographs or MRI for complete assessment.

#### **IMPRESSION:**

**No acute fracture or dislocation of the right knee.**

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**Electronically Signed By:** Dr. Lan Vu M.D. 01/15/2026 11:45:58 EST

**Tech:** Dynamic Mobile Xray Services LLC



**DYNAMIC**  
MOBILE XRAY SERVICES LLC

Phone: (570)243-1888  
Fax: 570-209-5771

Email: dynamicmobilexrays@gmail.com  
website: dynamicmobilexray.com

**MOBILE PORTABLE X-RAY ORDER FORM**

DATE 01/12/26

**YOUR INFORMATION:**

NAME Virginia Pelleere D.O.B. 10.06.67 SS# \_\_\_\_\_  MALE  FEMALE  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
 FACILITY (IF APPLICABLE) \_\_\_\_\_ ROOM# (IA) \_\_\_\_\_ ADDRESS (IA) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PRIMARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_  
 SECONDARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

**PROCEDURE: (Circle what is needed)**

<p><b>ABDOMEN</b> ..... KUB 1 view ..... <input type="checkbox"/> 74000          Complete 2 views ..... <input type="checkbox"/> 74020          Acute w/chest 3 views ..... <input type="checkbox"/> 74022</p> <p><b>AC JOINTS W/ &amp; W/O WEIGHTS</b>          2 views ..... <input type="checkbox"/> 73050</p> <p><b>ANKLE</b> ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73600          Complete 3 views ..... <input type="checkbox"/> 73610</p> <p><b>BONE AGE</b> ..... 1 view ..... <input type="checkbox"/> 77072</p> <p><b>BONE SURVEY</b> .. Complete ..... <input type="checkbox"/> 77075</p> <p><b>CERVICAL</b> ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72040          Complete w/min. 4 views ..... <input type="checkbox"/> 72050          Complete w/flex &amp; ext. 7 views ..... <input type="checkbox"/> 72052</p> <p><b>CHEST</b> ..... Limited 1 view ..... <input type="checkbox"/> 71045          Complete 2 views ..... <input type="checkbox"/> 71046          Complete w/tordotic 3 views ..... <input type="checkbox"/> 71047          Complete 4 views ..... <input type="checkbox"/> 71048          Special views Decubitus ..... <input type="checkbox"/> 71035</p> <p><b>CLAVICLE</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73000</p> <p><b>ELBOW</b> ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73080</p> <p><b>FACIAL BONES</b>.. Complete 3 or more views ..... <input type="checkbox"/> 70150</p> <p><b>FEMUR</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73550</p> <p><b>FINGER(S) #</b> .. Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73140</p> <p><b>FOOT</b> ..... Weight bearing 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73620          Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73630</p> <p><b>FOREARM</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73090</p>	<p><b>HAND</b> ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73130</p> <p><b>HEEL</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73650</p> <p><b>HIP</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73510          Bilateral 2 views (each hip) - R <input type="checkbox"/> L <input type="checkbox"/> 73520</p> <p><b>HUMERUS</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73060</p> <p><b>KNEE</b> ..... Limited 1 or 2 views R <input checked="" type="checkbox"/> L <input type="checkbox"/> 73560          Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73562          Complete 4 views - R <input type="checkbox"/> L <input type="checkbox"/> 73564          Both knees, AP standing - R <input type="checkbox"/> L <input type="checkbox"/> 73565</p> <p><b>LUMBAR</b> ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72100          Complete 4 views w/obl ..... <input type="checkbox"/> 72110          Complete w/bending 7 views ..... <input type="checkbox"/> 72114          Limited w/bending 4 views ..... <input type="checkbox"/> 72120</p> <p><b>MANDIBLE</b> ..... Limited 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 70100          Complete 4 views ..... <input type="checkbox"/> 70110</p> <p><b>MASTOIDS</b> ..... Complete min. 3 views ..... <input type="checkbox"/> 70130</p> <p><b>NASAL BONES</b> .. Comp. min. 3 views ..... <input type="checkbox"/> 70160</p> <p><b>NECK</b> ..... Soft tissue 2 views ..... <input type="checkbox"/> 70360</p> <p><b>ORBITS</b> ..... Complete 4 views ..... <input type="checkbox"/> 70200          MRI screening ..... <input type="checkbox"/> 70030</p> <p><b>PELVIS</b> ..... Complete 1 or 2 views ..... <input type="checkbox"/> 72170</p> <p><b>RIBS</b> ..... Unilateral 2 views ..... <input type="checkbox"/> 71100          3 views Includes PA chest (trauma) <input type="checkbox"/> 71101          Bilateral, 3 views ..... <input type="checkbox"/> 71110          4 views Includes PA chest ..... <input type="checkbox"/> 71111</p>	<p><b>SACRUM &amp; COCCYX</b> Min. 3 views ..... <input type="checkbox"/> 72220</p> <p><b>SCAPULA</b> ..... 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73010</p> <p><b>SC JOINTS</b> ..... 3 views ..... <input type="checkbox"/> 71130</p> <p><b>SHOULDER</b> ..... Complete, 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73030</p> <p><b>SI JOINTS</b> ..... Complete, 2 views ..... <input type="checkbox"/> 72200</p> <p><b>SINUSES</b> ..... Limited 2 or less ..... <input type="checkbox"/> 70210          Complete 3+ views ..... <input type="checkbox"/> 70220</p> <p><b>SKULL</b> ..... Limited 3 views or less ..... <input type="checkbox"/> 70250          Complete 4 views ..... <input type="checkbox"/> 70260</p> <p><b>STERNUM</b> ..... Complete 2 views ..... <input type="checkbox"/> 71120</p> <p><b>THORACIC</b> ..... 3 views ..... <input type="checkbox"/> 72072</p> <p><b>THORACOLUMBAR</b> .. 2 views ..... <input type="checkbox"/> 72080</p> <p><b>TIBIA/FIBULA (LOWER LEG)</b>          Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73590</p> <p><b>TMJ</b> ..... Bilateral open/closed ..... <input type="checkbox"/> 70330</p> <p><b>TOE #</b> ..... Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73660</p> <p><b>WRIST</b> ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73110</p> <p><b>INFANT X-RAY</b>          EXTREMITY Lower. 2 views ..... <input type="checkbox"/> 73592          EXTREMITY Upper. 2 views ..... <input type="checkbox"/> 73092          PELVIS &amp; HIPS .. min. 2 views ..... <input type="checkbox"/> 73540          WRIST ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73100          OTHER ..... <input type="checkbox"/> 70744</p>
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**REQUESTING PHYSICIAN:**

NAME Joseph Casella NPI# 1700069259 FAX RESULTS TO ( ) \_\_\_\_\_  
 INDICATE REASON FOR STUDY PAIN SIGNATURE Joseph Casella

**FOR OFFICE USE ONLY:**

TECHNICIAN Sahon Ajuerw (R) TECHNIQUE FSKY/SMAS # OF VIEWS \_\_\_\_\_  
 X-RAY SENT TO RADIOLOGIST YES DATE X-RAY SENT 1/1 PATIENT ID # \_\_\_\_\_ # OF CD \_\_\_\_\_

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

# DYNAMIC MOBILE XRAY SERVICES LLC

3412 BLUESTONE LANE  
E STROUDSBURG, PA 18301  
(570) 431-9721 / (570) 209-5771 FAX  
dynamicmobilexrays@gmail.com

## Radiology Interpretation

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**PATIENT NAME:** SOOKRA NEEL  
**DATE OF BIRTH:** 09/07/1989  
**ID/MRN:** 20260112122719577  
**CLINICIAN:** CASELLA, JOSEPH.DR  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 01/12/2026  
**HISTORY:** M54.6-PAIN IN THORACIC SPINE, M25.511-PAIN IN RIGHT SHOULDER

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### SPINE THORACIC X-RAY 2 view:

Technique: Thoracic spine, 2 views

Comparison: None.

Findings: There is normal alignment of thoracic spine with no subluxation. There are no compression deformities. The bony mineralization is normal.

### IMPRESSION:

1. Normal alignment of thoracic spine with no subluxation.
  2. No compression deformities or fractures demonstrated radiographically. If there is persistent pain, follow up CT or MRI may be obtained as clinically warranted.
- 

### RIGHT SHOULDER X-Ray Complete 2 or more views:

Technique: Right Shoulder, 2 views

Comparison: None.

Findings: There is no radiographic evidence of acute fracture or dislocation. The humeral head and neck as well as clavicle and scapula are intact. Visualized lung parenchyma is clear. The bony mineralization is normal.

### IMPRESSION:

1. No definite radiographic evidence of acute fracture or dislocation. If there are persistent symptoms, follow up x ray or CT may be obtained as clinically warranted.
- 

Electronically Signed By: Dr. Naiyer Imam M.D. 01/15/2026 1:28:35 EST

Tech: Dynamic Mobile Xray Services LLC



**DYNAMIC**  
MOBILE XRAY SERVICES LLC

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website: dynamicmobilexray.com

**MOBILE PORTABLE X-RAY ORDER FORM**

DATE 01/12/26

**YOUR INFORMATION:**

NAME: Sookra Neel D.O.B. 09/07/89 SS# \_\_\_\_\_  MALE  FEMALE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

FACILITY (IF APPLICABLE) \_\_\_\_\_ ROOM# (IA) \_\_\_\_\_ ADDRESS (IA) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

SECONDARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

**PROCEDURE: (Circle what is needed)**

<p><b>ABDOMEN</b> ..... KUB 1 view ..... <input type="checkbox"/> 74000 Complete 2 views ..... <input type="checkbox"/> 74020 Acute w/chest 3 views ..... <input type="checkbox"/> 74022</p> <p><b>AC JOINTS W/ &amp; W/O WEIGHTS</b> 2 views ..... <input type="checkbox"/> 73050</p> <p><b>ANKLE</b> ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73600 Complete 3 views ..... <input type="checkbox"/> 73610</p> <p><b>BONE AGE</b> ..... 1 view ..... <input type="checkbox"/> 77072</p> <p><b>BONE SURVEY</b> .. Complete ..... <input type="checkbox"/> 77075</p> <p><b>CERVICAL</b> ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72040 Complete w/min. 4 views ..... <input type="checkbox"/> 72050 Complete w/flex &amp; ext. 7 views ..... <input type="checkbox"/> 72052</p> <p><b>CHEST</b> ..... Limited 1 view ..... <input type="checkbox"/> 71045 Complete 2 views ..... <input type="checkbox"/> 71046 Complete w/lordotic 3 views ..... <input type="checkbox"/> 71047 Complete 4 views ..... <input type="checkbox"/> 71048 Special views Decubitus ..... <input type="checkbox"/> 71035</p> <p><b>CLAVICLE</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73000</p> <p><b>ELBOW</b> ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73080</p> <p><b>FACIAL BONES</b>.. Complete 3 or more views ..... <input type="checkbox"/> 70150</p> <p><b>FEMUR</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73550</p> <p><b>FINGER(S) #</b> .. Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73140</p> <p><b>FOOT</b> ..... Weight bearing 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73620 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73630</p> <p><b>FOREARM</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73090</p>	<p><b>HAND</b> ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73130</p> <p><b>HEEL</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73650</p> <p><b>HIP</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73510 Bilateral 2 views (each hip) - R <input type="checkbox"/> L <input type="checkbox"/> 73520</p> <p><b>HUMERUS</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73060</p> <p><b>KNEE</b> ..... Limited 1 or 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73560 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73562 Complete 4 views - R <input type="checkbox"/> L <input type="checkbox"/> 73564 Both knees, AP standing - R <input type="checkbox"/> L <input type="checkbox"/> 73565</p> <p><b>LUMBAR</b> ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72100 Complete 4 views w/obl ..... <input type="checkbox"/> 72110 Complete w/bending 7 views ..... <input type="checkbox"/> 72114 Limited w/bending 4 views ..... <input type="checkbox"/> 72120</p> <p><b>MANDIBLE</b> ..... Limited 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 70100 Complete 4 views ..... <input type="checkbox"/> 70110</p> <p><b>MASTOIDS</b> ..... Complete min. 3 views ..... <input type="checkbox"/> 70130</p> <p><b>NASAL BONES</b> .. Comp. min. 3 views ..... <input type="checkbox"/> 70160</p> <p><b>NECK</b> ..... Soft tissue 2 views ..... <input type="checkbox"/> 70360</p> <p><b>ORBITS</b> ..... Complete 4 views ..... <input type="checkbox"/> 70200 MRI screening ..... <input type="checkbox"/> 70030</p> <p><b>PELVIS</b> ..... Complete 1 or 2 views ..... <input type="checkbox"/> 72170</p> <p><b>RIBS</b> ..... Unilateral 2 views ..... <input type="checkbox"/> 71100 3 views includes PA chest (trauma) <input type="checkbox"/> 71101 Bilateral, 3 views ..... <input type="checkbox"/> 71110 4 views includes PA chest ..... <input type="checkbox"/> 71111</p>	<p><b>SACRUM &amp; COCCYX</b> Min. 3 views ..... <input type="checkbox"/> 72220</p> <p><b>SCAPULA</b> ..... 2 views - ..... R <input type="checkbox"/> L <input type="checkbox"/> 73010</p> <p><b>SC JOINTS</b> ..... 3 views ..... <input type="checkbox"/> 71130</p> <p><b>SHOULDER</b> ..... Complete, 2 views - R <input checked="" type="checkbox"/> L <input type="checkbox"/> 73030</p> <p><b>SI JOINTS</b> ..... Complete, 2 views ..... <input type="checkbox"/> 72200</p> <p><b>SINUSES</b> ..... Limited 2 or less ..... <input type="checkbox"/> 70210 Complete 3+ views ..... <input type="checkbox"/> 70220</p> <p><b>SKULL</b> ..... Limited 3 views or less ..... <input type="checkbox"/> 70250 Complete 4 views ..... <input type="checkbox"/> 70260</p> <p><b>STERNUM</b> ..... Complete 2 views ..... <input type="checkbox"/> 71120</p> <p><b>THORACIC</b> ..... 7 views ..... <input checked="" type="checkbox"/> 72072</p> <p><b>THORACOLUMBAR</b> .. 2 views ..... <input type="checkbox"/> 72080</p> <p><b>TIBIA/FIBULA (LOWER LEG)</b> Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73590</p> <p><b>TMJ</b> ..... Bilateral open/closed ..... <input type="checkbox"/> 70330</p> <p><b>TOE #</b> ..... Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73660</p> <p><b>WRIST</b> ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73110</p> <p><b>INFANT X-RAY</b></p> <p><b>EXTREMITY Lower</b> .. 2 views ..... <input type="checkbox"/> 73592</p> <p><b>EXTREMITY Upper</b> .. 2 views ..... <input type="checkbox"/> 73092</p> <p><b>PELVIS &amp; HIPS</b> .. min. 2 views ..... <input type="checkbox"/> 73540</p> <p><b>WRIST</b> ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73100</p> <p><b>OTHER</b> _____</p>
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**REQUESTING PHYSICIAN:**

NAME JOSEPH A CASELLA NPI# 1700069259 FAX RESULTS TO ( ) \_\_\_\_\_

INDICATE REASON FOR STUDY PAIN SIGNATURE Joseph Casella

**FOR OFFICE USE ONLY:**

TECHNICIAN Sahon Aquew (R) TECHNIQUE FSKY/SMAS # OF VIEWS \_\_\_\_\_

X-RAY SENT TO RADIOLOGIST YES DATE X-RAY SENT 1/1 PATIENT ID # \_\_\_\_\_ # OF CD \_\_\_\_\_

**NOTE TO OFFICIALS:** A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

# **DYNAMIC MOBILE XRAY SERVICES LLC**

3412 BLUESTONE LANE  
E STROUDSBURG, PA 18301  
(570) 431-9721 / (570) 209-5771 FAX  
dynamicmobilexrays@gmail.com

## **Radiology Interpretation**

---

**PATIENT NAME:** CARDENES JOSELYN  
**DATE OF BIRTH:** 11/15/1987  
**ID/MRN:** 20260112121250080  
**CLINICIAN:** CASELLA, JOSEPH.DR  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 01/12/2026  
**HISTORY:** M25.561-PAIN IN RIGHT KNEE

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### **RIGHT KNEE X-Ray - 1-2 view:**

Comparison: None

#### **FINDINGS:**

Multiple views of the right knee show normal alignment without acute fractures or dislocations. The medial and lateral tibiofemoral compartments and patellofemoral compartment are unremarkable. There are no joint bodies. There is no knee region soft tissue swelling. There is no joint effusion. There are no radiopaque foreign bodies. If there is further concern, recommend follow-up radiographs or MRI for complete assessment.

#### **IMPRESSION:**

**No acute fracture or dislocation of the right knee.**

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**Electronically Signed By:** Dr. Lan Vu M.D. 01/15/2026 11:44:10 EST

**Tech:** Dynamic Mobile Xray Services LLC



**DYNAMIC**  
MOBILE XRAY SERVICES LLC

Phone: (570)243-1888  
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Email: dynamicmobilexrays@gmail.com  
website: dynamicmobilexray.com

**MOBILE PORTABLE X-RAY ORDER FORM**

DATE 01/12/26

**YOUR INFORMATION:**

NAME Cardenas Josophyn D.O.B. 11/15/87 SS# \_\_\_\_\_  MALE  FEMALE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

FACILITY (IF APPLICABLE) \_\_\_\_\_ ROOM# (IA) \_\_\_\_\_ ADDRESS (IA) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

SECONDARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

**PROCEDURE: (Circle what is needed)**

<p><b>ABDOMEN</b> ..... KUB 1 view ..... <input type="checkbox"/> 74000          Complete 2 views ..... <input type="checkbox"/> 74020          Acute w/chest 3 views ..... <input type="checkbox"/> 74022</p> <p><b>AC JOINTS W/ &amp; W/O WEIGHTS</b>          2 views ..... <input type="checkbox"/> 73050</p> <p><b>ANKLE</b> ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73600          Complete 3 views ..... <input type="checkbox"/> 73610</p> <p><b>BONE AGE</b> ..... 1 view ..... <input type="checkbox"/> 77072</p> <p><b>BONE SURVEY</b> .. Complete ..... <input type="checkbox"/> 77075</p> <p><b>CERVICAL</b> ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72040          Complete w/min. 4 views ..... <input type="checkbox"/> 72050          Complete w/flex &amp; ext. 7 views ..... <input type="checkbox"/> 72052</p> <p><b>CHEST</b> ..... Limited 1 view ..... <input type="checkbox"/> 71045          Complete 2 views ..... <input type="checkbox"/> 71046          Complete w/lordotic 3 views ..... <input type="checkbox"/> 71047          Complete 4 views ..... <input type="checkbox"/> 71048          Special views Decubitus ..... <input type="checkbox"/> 71035</p> <p><b>CLAVICLE</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73000</p> <p><b>ELBOW</b> ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73080</p> <p><b>FACIAL BONES</b>.. Complete 3 or more views ..... <input type="checkbox"/> 70150</p> <p><b>FEMUR</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73550</p> <p><b>FINGER(S) #</b> .. Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73140</p> <p><b>FOOT</b> ..... Weight bearing 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73620          Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73630</p> <p><b>FOREARM</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73090</p>	<p><b>HAND</b> ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73130</p> <p><b>HEEL</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73650</p> <p><b>HIP</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73510          Bilateral 2 views (each hip) - R <input type="checkbox"/> L <input type="checkbox"/> 73520</p> <p><b>HUMERUS</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73060</p> <p><b>KNEE</b> ..... Limited 1 or 2 views R <input checked="" type="checkbox"/> L <input type="checkbox"/> 73560          Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73562          Complete 4 views - R <input type="checkbox"/> L <input type="checkbox"/> 73564          Both knees, AP standing - R <input type="checkbox"/> L <input type="checkbox"/> 73565</p> <p><b>LUMBAR</b> ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72100          Complete 4 views w/obl ..... <input type="checkbox"/> 72110          Complete w/bending 7 views ..... <input type="checkbox"/> 72114          Limited w/bending 4 views ..... <input type="checkbox"/> 72120</p> <p><b>MANDIBLE</b> ..... Limited 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 70100          Complete 4 views ..... <input type="checkbox"/> 70110</p> <p><b>MASTOIDS</b> ..... Complete min. 3 views ..... <input type="checkbox"/> 70130</p> <p><b>NASAL BONES</b> .. Comp. min. 3 views ..... <input type="checkbox"/> 70160</p> <p><b>NECK</b> ..... Soft tissue 2 views ..... <input type="checkbox"/> 70360</p> <p><b>ORBITS</b> ..... Complete 4 views ..... <input type="checkbox"/> 70200          MRI screening ..... <input type="checkbox"/> 70030</p> <p><b>PELVIS</b> ..... Complete 1 or 2 views ..... <input type="checkbox"/> 72170</p> <p><b>RIBS</b> ..... Unilateral 2 views ..... <input type="checkbox"/> 71100          3 views includes PA chest (trauma) <input type="checkbox"/> 71101          Bilateral, 3 views ..... <input type="checkbox"/> 71110          4 views includes PA chest ..... <input type="checkbox"/> 71111</p>	<p><b>SACRUM &amp; COCCYX</b> Min. 3 views ..... <input type="checkbox"/> 72220</p> <p><b>SCAPULA</b> ..... 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73010</p> <p><b>SC JOINTS</b> ..... 3 views ..... <input type="checkbox"/> 71130</p> <p><b>SHOULDER</b> ..... Complete, 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73030</p> <p><b>SI JOINTS</b> ..... Complete, 2 views ..... <input type="checkbox"/> 72200</p> <p><b>SINUSES</b> ..... Limited 2 or less ..... <input type="checkbox"/> 70210          Complete 3+ views ..... <input type="checkbox"/> 70220</p> <p><b>SKULL</b> ..... Limited 3 views or less ..... <input type="checkbox"/> 70250          Complete 4 views ..... <input type="checkbox"/> 70260</p> <p><b>STERNUM</b> ..... Complete 2 views ..... <input type="checkbox"/> 71120</p> <p><b>THORACIC</b> ..... 3 views ..... <input type="checkbox"/> 72072</p> <p><b>THORACOLUMBAR</b>. 2 views ..... <input type="checkbox"/> 72080</p> <p><b>TIBIA/FIBULA (LOWER LEG)</b>          Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73590</p> <p><b>TMJ</b> ..... Bilateral open/closed ..... <input type="checkbox"/> 70330</p> <p><b>TOE #</b> ..... Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73660</p> <p><b>WRIST</b> ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73110</p> <p><b>INFANT X-RAY</b></p> <p><b>EXTREMITY Lower</b>. 2 views ..... <input type="checkbox"/> 73592</p> <p><b>EXTREMITY Upper</b>. 2 views ..... <input type="checkbox"/> 73092</p> <p><b>PELVIS &amp; HIPS</b> .. min. 2 views ..... <input type="checkbox"/> 73540</p> <p><b>WRIST</b> ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73100</p> <p><b>OTHER</b> _____ <input type="checkbox"/> 73000</p>
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**REQUESTING PHYSICIAN:**

NAME Joseph A Casella NPI# 1700069259 FAX RESULTS TO (\_\_\_\_) \_\_\_\_\_

INDICATE REASON FOR STUDY PAIN SIGNATURE Joseph Casella

**FOR OFFICE USE ONLY:**

TECHNICIAN Sahon Agnew (R) TECHNIQUE FSKY/SMAS # OF VIEWS \_\_\_\_\_

X-RAY SENT TO RADIOLOGIST YES DATE X-RAY SENT 1/1 PATIENT ID # \_\_\_\_\_ # OF CD \_\_\_\_\_

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

# DYNAMIC MOBILE XRAY SERVICES LLC

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E STROUDSBURG, PA 18301  
(570) 431-9721 / (570) 209-5771 FAX  
dynamicmobilexrays@gmail.com

## Radiology Interpretation

---

**PATIENT NAME:** JARA JOANNA  
**DATE OF BIRTH:** 08/18/1988  
**ID/MRN:** 20260112164818185  
**CLINICIAN:** CASELLA, JOSEPH.DR  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 01/12/2026  
**HISTORY:** M54.6-PAIN IN THORACIC SPINE, M25.512-PAIN IN LEFT SHOULDER

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### SPINE THORACIC X-RAY 2 view:

Comparison: None

#### FINDINGS:

Multiple views of the thoracic spine demonstrate normal alignment.  
There are no acute fractures or subluxations of the thoracic spine.  
The vertebral body heights and disc spaces are grossly preserved.  
The soft tissues are unremarkable.

If there is further concern or neurological abnormalities on clinical exam, recommend further radiographic views, MRI or CT of the thoracic spine for complete assessment.

#### IMPRESSION:

**No acute fracture or subluxation of the thoracic spine.**

---

### LEFT SHOULDER X-Ray Complete 2 or more views:

Comparison: None

#### FINDINGS:

Multiple views of the left shoulder show normal alignment at the gleno-humeral joint.  
There are no acute fractures or dislocations.  
The acromioclavicular joint and coracoclavicular spaces are intact.  
The visualized scapula and clavicle are unremarkable.  
There are no radiopaque foreign bodies.

No soft tissue swelling is seen.

If there is further concern, follow-up radiographs or MRI of the shoulder may be performed for complete assessment.

#### IMPRESSION:

**No acute fracture or dislocation of left shoulder.**

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Electronically Signed By: Dr. Lan Vu M.D. 01/15/2026 11:46:17 EST

Tech: Dynamic Mobile Xray Services LLC



**DYNAMIC**  
MOBILE XRAY SERVICES LLC

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website: dynamicmobilexray.com

**MOBILE PORTABLE X-RAY ORDER FORM**

DATE 01/12/26

**YOUR INFORMATION:**

NAME TARA JOANA D.O.B. 08/18/88 SS# \_\_\_\_\_  MALE  FEMALE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

FACILITY (IF APPLICABLE) \_\_\_\_\_ ROOM# (IA) \_\_\_\_\_ ADDRESS (IA) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

SECONDARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

**PROCEDURE: (Circle what is needed)**

ABDOMEN ..... KUB 1 view ..... <input type="checkbox"/> 74000 Complete 2 views ..... <input type="checkbox"/> 74020 Acute w/chest 3 views ..... <input type="checkbox"/> 74022	HAND ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73130	SACRUM & COCCYX. Min. 3 views ..... <input type="checkbox"/> 72220
AC JOINTS W/ & W/O WEIGHTS 2 views ..... <input type="checkbox"/> 73050	HEEL ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73650	SCAPULA ..... 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73010
ANKLE ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73600 Complete 3 views ..... <input type="checkbox"/> 73610	HIP ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73510 Bilateral 2 views (each hip) - R <input type="checkbox"/> L <input type="checkbox"/> 73520	SC JOINTS ..... 3 views ..... <input type="checkbox"/> 71130
BONE AGE ..... 1 view ..... <input type="checkbox"/> 77072	HUMERUS ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73060	<b>SHOULDER</b> ..... Complete, 2 views - R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> 73030
BONE SURVEY .. Complete ..... <input type="checkbox"/> 77075	KNEE ..... Limited 1 or 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73560 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73562 Complete 4 views - R <input type="checkbox"/> L <input type="checkbox"/> 73564 Both knees, AP standing - R <input type="checkbox"/> L <input type="checkbox"/> 73565	SI JOINTS ..... Complete, 2 views ..... <input type="checkbox"/> 72200
CERVICAL ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72040 Complete w/min. 4 views ..... <input type="checkbox"/> 72050 Complete w/lex & ext. 7 views ..... <input type="checkbox"/> 72052	LUMBAR ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72100 Complete 4 views w/obl ..... <input type="checkbox"/> 72110 Complete w/bending 7 views ..... <input type="checkbox"/> 72114 Limited w/bending 4 views ..... <input type="checkbox"/> 72120	SINUSES ..... Limited 2 or less ..... <input type="checkbox"/> 70210 Complete 3+ views ..... <input type="checkbox"/> 70220
CHEST ..... Limited 1 view ..... <input type="checkbox"/> 71045 Complete 2 views ..... <input type="checkbox"/> 71046 Complete w/lordotic 3 views ..... <input type="checkbox"/> 71047 Complete 4 views ..... <input type="checkbox"/> 71048 Special views Decubitus ..... <input type="checkbox"/> 71035	MANDIBLE ..... Limited 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 70100 Complete 4 views ..... <input type="checkbox"/> 70110	SKULL ..... Limited 3 views or less ..... <input type="checkbox"/> 70250 Complete 4 views ..... <input type="checkbox"/> 70260
CLAVICLE ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73000	MASTOIDS ..... Complete min. 3 views ..... <input type="checkbox"/> 70130	STERNUM ..... Complete 2 views ..... <input type="checkbox"/> 71120
ELBOW ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73080	NASAL BONES .. Comp. min. 3 views ..... <input type="checkbox"/> 70160	<b>THORACIC</b> ..... 2 views ..... <input checked="" type="checkbox"/> 72072
FACIAL BONES.. Complete 3 or more views ..... <input type="checkbox"/> 70150	NECK ..... Soft tissue 2 views ..... <input type="checkbox"/> 70360	THORACOLUMBAR. 2 views ..... <input type="checkbox"/> 72080
FEMUR ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73550	ORBITS ..... Complete 4 views ..... <input type="checkbox"/> 70200 MRI screening ..... <input type="checkbox"/> 70030	TIBIA/FIBULA (LOWER LEG) Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73590
FINGER(S) # .. Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73140	PELVIS ..... Complete 1 or 2 views ..... <input type="checkbox"/> 72170	TMJ ..... Bilateral open/closed ..... <input type="checkbox"/> 70330
FOOT ..... Weight bearing 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73620 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73630	RIBS ..... Unilateral 2 views ..... <input type="checkbox"/> 71100 3 views includes PA chest (trauma) <input type="checkbox"/> 71101 Bilateral, 3 views ..... <input type="checkbox"/> 71110 4 views includes PA chest ..... <input type="checkbox"/> 71111	TOE # ..... Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73660
FOREARM ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73090		WRIST ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73110
		INFANT X-RAY
		EXTREMITY Lower. 2 views ..... <input type="checkbox"/> 73592
		EXTREMITY Upper. 2 views ..... <input type="checkbox"/> 73092
		PELVIS & HIPS .. mjr. 2 views ..... <input type="checkbox"/> 73540
		WRIST ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73100
		OTHER _____ 70780

**REQUESTING PHYSICIAN:**

NAME JOSEPH CASSELLA NPI# 1700069259 FAX RESULTS TO \_\_\_\_\_

INDICATE REASON FOR STUDY PAIN SIGNATURE Joseph Casella

**FOR OFFICE USE ONLY:**

TECHNICIAN Sahon Ajuebu (R) TECHNIQUE FSKY/SMNS # OF VIEWS \_\_\_\_\_

X-RAY SENT TO RADIOLOGIST YES DATE X-RAY SENT 1/1 PATIENT ID # \_\_\_\_\_ # OF CD \_\_\_\_\_

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

# DYNAMIC MOBILE XRAY SERVICES LLC

3412 BLUESTONE LANE  
E STROUDSBURG, PA 18301  
(570) 431-9721 / (570) 209-5771 FAX  
dynamicmobilexrays@gmail.com

## Radiology Interpretation

---

**PATIENT NAME:** DALEY JHANIELLE

**DATE OF BIRTH:** 03/19/1993

**ID/MRN:** 20260112130503432

**CLINICIAN:** CASELLA, JOSEPH.DR

**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC

**DATE OF EXAM:** 01/12/2026

**HISTORY:** M54.6-PAIN IN THORACIC SPINE, M25.511-PAIN IN RIGHT SHOULDER, M25.512-PAIN IN LEFT SHOULDER, M25.561-PAIN IN RIGHT KNEE, M25.562-PAIN IN LEFT KNEE

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### SPINE THORACIC X-RAY 2 view:

Comparison: None

**FINDINGS:**

Multiple views of the thoracic spine demonstrate normal alignment.

There are no acute fractures or subluxations of the thoracic spine.

The vertebral body heights and disc spaces are grossly preserved.

The soft tissues are unremarkable.

If there is further concern or neurological abnormalities on clinical exam, recommend further radiographic views, MRI or CT of the thoracic spine for complete assessment.

**IMPRESSION:**

**No acute fracture or subluxation of the thoracic spine.**

---

### LEFT SHOULDER X-Ray Complete 2 or more views:

Comparison: None

**FINDINGS:**

Limited exam due to overexposure of the image.

Multiple views of the left shoulder show normal alignment at the gleno-humeral joint.

There are no acute fractures or dislocations.

The visualized scapula and clavicle are unremarkable.

There are no radiopaque foreign bodies.

No soft tissue swelling is seen.

If there is further concern, follow-up radiographs or MRI of the shoulder may be performed for complete assessment.

**IMPRESSION:**

**No acute fracture or dislocation of left shoulder.**

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### RIGHT SHOULDER X-Ray Complete 2 or more views:

Comparison: None

**FINDINGS:**

Limited exam due to overexposure of the image.

Multiple views of the right shoulder show normal alignment at the gleno-humeral joint.

There are no acute fractures or dislocations.

The visualized scapula and clavicle are unremarkable.

There are no radiopaque foreign bodies.

No soft tissue swelling is seen.

If there is further concern, follow-up radiographs or MRI of the shoulder may be performed for complete assessment.

**IMPRESSION:**

**No acute fracture or dislocation of right shoulder.**

---



**DYNAMIC**  
MOBILE XRAY SERVICES LLC

Phone: (570)243-1888  
Fax: 570-209-5771

Email: dynamicmobilexrays@gmail.com  
website: dynamicmobilexray.com

**MOBILE PORTABLE X-RAY ORDER FORM**

DATE 01/12/26

**YOUR INFORMATION:**

NAME: Daley Jhanette D.O.B. 03/19/93 SS# \_\_\_\_\_  MALE  FEMALE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

FACILITY (IF APPLICABLE) \_\_\_\_\_ ROOM# (IA) \_\_\_\_\_ ADDRESS (IA) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

SECONDARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

**PROCEDURE: (Circle what is needed)**

<p><b>ABDOMEN</b> ..... KUB 1 view ..... <input type="checkbox"/> 74000 Complete 2 views ..... <input type="checkbox"/> 74020 Acute w/chest 3 views ..... <input type="checkbox"/> 74022</p> <p><b>AC JOINTS W/ &amp; W/O WEIGHTS</b> 2 views ..... <input type="checkbox"/> 73050</p> <p><b>ANKLE</b> ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73600 Complete 3 views ..... <input type="checkbox"/> 73610</p> <p><b>BONE AGE</b> ..... 1 view ..... <input type="checkbox"/> 77072</p> <p><b>BONE SURVEY</b> .. Complete ..... <input type="checkbox"/> 77075</p> <p><b>CERVICAL</b> ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72040 Complete w/min. 4 views ..... <input type="checkbox"/> 72050 Complete w/flex &amp; ext. 7 views ..... <input type="checkbox"/> 72052</p> <p><b>CHEST</b> ..... Limited 1 view ..... <input type="checkbox"/> 71045 Complete 2 views ..... <input type="checkbox"/> 71046 Complete w/lordotic 3 views ..... <input type="checkbox"/> 71047 Complete 4 views ..... <input type="checkbox"/> 71048 Special views Decubitus ..... <input type="checkbox"/> 71035</p> <p><b>CLAVICLE</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73000</p> <p><b>ELBOW</b> ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73080</p> <p><b>FACIAL BONES</b>.. Complete 3 or more views ..... <input type="checkbox"/> 70150</p> <p><b>FEMUR</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73550</p> <p><b>FINGER(S) #</b> .. Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73140</p> <p><b>FOOT</b> ..... Weight bearing 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73620 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73630</p> <p><b>FOREARM</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73090</p>	<p><b>HAND</b> ..... Complete 3 views - R <input type="checkbox"/> <input type="checkbox"/> 73130</p> <p><b>HEEL</b> ..... Complete 2 views - R <input type="checkbox"/> <input type="checkbox"/> 73650</p> <p><b>HIP</b> ..... Complete 2 views - R <input type="checkbox"/> <input type="checkbox"/> 73510 Bilateral 2 views (each hip) - R <input type="checkbox"/> L <input type="checkbox"/> 73520</p> <p><b>HUMERUS</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73060</p> <p><b>KNEE</b> ..... Limited 1 or 2 views R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> 73560 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73562 Complete 4 views - R <input type="checkbox"/> L <input type="checkbox"/> 73564 Both knees, AP standing - R <input type="checkbox"/> L <input type="checkbox"/> 73565</p> <p><b>LUMBAR</b> ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72100 Complete 4 views w/obl ..... <input type="checkbox"/> 72110 Complete w/bending 7 views ..... <input type="checkbox"/> 72114 Limited w/bending 4 views ..... <input type="checkbox"/> 72120</p> <p><b>MANDIBLE</b> ..... Limited 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 70100 Complete 4 views ..... <input type="checkbox"/> 70110</p> <p><b>MASTOIDS</b> ..... Complete min. 3 views ..... <input type="checkbox"/> 70130</p> <p><b>NASAL BONES</b> .. Comp. min. 3 views ..... <input type="checkbox"/> 70160</p> <p><b>NECK</b> ..... Soft tissue 2 views ..... <input type="checkbox"/> 70360</p> <p><b>ORBITS</b> ..... Complete 4 views ..... <input type="checkbox"/> 70200 MRI screening ..... <input type="checkbox"/> 70030</p> <p><b>PELVIS</b> ..... Complete 1 or 2 views ..... <input type="checkbox"/> 72170</p> <p><b>RIBS</b> ..... Unilateral 2 views ..... <input type="checkbox"/> 71100 3 views Includes PA chest (trauma) <input type="checkbox"/> 71101 Bilateral, 3 views ..... <input type="checkbox"/> 71110 4 views Includes PA chest ..... <input type="checkbox"/> 71111</p>	<p><b>SACRUM &amp; COCCYX</b> Min. 3 views ..... <input type="checkbox"/> 72220</p> <p><b>SCAPULA</b> ..... 2 views - ..... R <input type="checkbox"/> L <input type="checkbox"/> 73010</p> <p><b>SC JOINTS</b> ..... 3 views ..... <input type="checkbox"/> 71130</p> <p><b>SHOULDER</b> ..... Complete, 2 views - R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> 73030</p> <p><b>SI JOINTS</b> ..... Complete, 2 views ..... <input type="checkbox"/> 72200</p> <p><b>SINUSES</b> ..... Limited 2 or less ..... <input type="checkbox"/> 70210 Complete 3+ views ..... <input type="checkbox"/> 70220</p> <p><b>SKULL</b> ..... Limited 3 views or less ..... <input type="checkbox"/> 70250 Complete 4 views ..... <input type="checkbox"/> 70260</p> <p><b>STERNUM</b> ..... Complete 2 views ..... <input type="checkbox"/> 71120</p> <p><b>THORACIC</b> ..... 2 views ..... <input checked="" type="checkbox"/> 72072</p> <p><b>THORACOLUMBAR</b>. 2 views ..... <input type="checkbox"/> 72080</p> <p><b>TIBIA/FIBULA (LOWER LEG)</b> Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73590</p> <p><b>TMJ</b> ..... Bilateral open/closed ..... <input type="checkbox"/> 70330</p> <p><b>TOE #</b> ..... Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73660</p> <p><b>WRIST</b> ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73110</p> <p><b>INFANT X-RAY</b></p> <p><b>EXTREMITY Lower</b>. 2 views ..... <input type="checkbox"/> 73592</p> <p><b>EXTREMITY Upper</b>. 2 views ..... <input type="checkbox"/> 73092</p> <p><b>PELVIS &amp; HIPS</b> .. mjr. 2 views ..... <input type="checkbox"/> 73540</p> <p><b>WRIST</b> ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73100</p> <p><b>OTHER</b> _____</p>
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**REQUESTING PHYSICIAN:**

NAME JOSEPH CASSELLA NPI# 1700069259 FAX RESULTS TO (\_\_\_\_) \_\_\_\_\_

INDICATE REASON FOR STUDY PAIN SIGNATURE Joseph Casella

**FOR OFFICE USE ONLY:**

TECHNICIAN Osahon Ajueton (R) TECHNIQUE FSKY/SMAS # OF VIEWS \_\_\_\_\_

X-RAY SENT TO RADIOLOGIST YES DATE X-RAY SENT 1/1 PATIENT ID # \_\_\_\_\_ # OF CD \_\_\_\_\_

**NOTE TO OFFICIALS:** A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

**LEFT KNEE X-Ray - 1-2 view:**

Comparison: None

**FINDINGS:**

Multiple views of the left knee show normal alignment without acute fractures or dislocations.

The medial and lateral tibiofemoral compartments and patellofemoral compartment are unremarkable.

There are no joint bodies.

There is no knee region soft tissue swelling.

There is no joint effusion.

There are no radiopaque foreign bodies.

If there is further concern, recommend follow-up radiographs or MRI for complete assessment.

**IMPRESSION:**

**No acute fracture or dislocation of the left knee.**

---

**RIGHT KNEE X-Ray - 1-2 view:**

Comparison: None

**FINDINGS:**

Multiple views of the right knee show normal alignment without acute fractures or dislocations.

The medial and lateral tibiofemoral compartments and patellofemoral compartment are unremarkable.

There are no joint bodies.

There is no knee region soft tissue swelling.

There is no joint effusion.

There are no radiopaque foreign bodies.

If there is further concern, recommend follow-up radiographs or MRI for complete assessment.

**IMPRESSION:**

**No acute fracture or dislocation of the right knee.**

---

**Electronically Signed By: Dr. Lan Vu M.D. 01/15/2026 11:45:17 EST**

**Tech: Dynamic Mobile Xray Services LLC**

# DYNAMIC MOBILE XRAY SERVICES LLC

3412 BLUESTONE LANE  
E STROUDSBURG, PA 18301  
(570) 431-9721 / (570) 209-5771 FAX  
dynamicmobilexrays@gmail.com

## Radiology Interpretation

---

**PATIENT NAME:** APATA IBILOLA  
**DATE OF BIRTH:** 11/09/1966  
**ID/MRN:** 20260112172424017  
**CLINICIAN:** CASELLA, JOSEPH.DR  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 01/12/2026  
**HISTORY:** M54.6-PAIN IN THORACIC SPINE, M25.512-PAIN IN LEFT SHOULDER

---

### SPINE THORACIC X-RAY 2 view:

Comparison: None

#### FINDINGS:

Multiple views of the thoracic spine demonstrate normal alignment.  
There are no acute fractures or subluxations of the thoracic spine.  
The vertebral body heights and disc spaces are grossly preserved.  
The soft tissues are unremarkable.

If there is further concern or neurological abnormalities on clinical exam, recommend further radiographic views, MRI or CT of the thoracic spine for complete assessment.

#### IMPRESSION:

No acute fracture or subluxation of the thoracic spine.

---

### LEFT SHOULDER X-Ray Complete 2 or more views:

Comparison: None

#### FINDINGS:

Multiple views of the left shoulder show normal alignment at the gleno-humeral joint.  
There are no acute fractures or dislocations.  
The acromioclavicular joint and coracoclavicular spaces are intact.  
The visualized scapula and clavicle are unremarkable.  
There are no radiopaque foreign bodies.  
No soft tissue swelling is seen.

If there is further concern, follow-up radiographs or MRI of the shoulder may be performed for complete assessment.

#### IMPRESSION:

No acute fracture or dislocation of left shoulder.

---

Electronically Signed By: Dr. Lan Vu M.D. 01/15/2026 11:48:34 EST

Tech: Dynamic Mobile Xray Services LLC



**DYNAMIC**  
MOBILE XRAY SERVICES LLC

Phone: (570)243-1888  
Fax: 570-209-5771

Email: dynamicmobilexrays@gmail.com  
website: dynamicmobilexray.com

**MOBILE PORTABLE X-RAY ORDER FORM**

DATE 01/12/26

**YOUR INFORMATION:**

NAME: Adata Bilola D.O.B. 11/09/66 SS# \_\_\_\_\_  MALE  FEMALE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

FACILITY (IF APPLICABLE) \_\_\_\_\_ ROOM# (IA) \_\_\_\_\_ ADDRESS (IA) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

SECONDARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

**PROCEDURE: (Circle what is needed)**

<p><b>ABDOMEN</b> ..... KUB 1 view ..... <input type="checkbox"/> 74000 Complete 2 views ..... <input type="checkbox"/> 74020 Acute w/chest 3 views ..... <input type="checkbox"/> 74022</p> <p><b>AC JOINTS W/ &amp; W/O WEIGHTS</b> 2 views ..... <input type="checkbox"/> 73050</p> <p><b>ANKLE</b> ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73600 Complete 3 views ..... <input type="checkbox"/> 73610</p> <p><b>BONE AGE</b> ..... 1 view ..... <input type="checkbox"/> 77072</p> <p><b>BONE SURVEY</b> .. Complete ..... <input type="checkbox"/> 77075</p> <p><b>CERVICAL</b> ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72040 Complete w/min. 4 views ..... <input type="checkbox"/> 72050 Complete w/flex &amp; ext. 7 views ..... <input type="checkbox"/> 72052</p> <p><b>CHEST</b> ..... Limited 1 view ..... <input type="checkbox"/> 71045 Complete 2 views ..... <input type="checkbox"/> 71046 Complete w/lordotic 3 views ..... <input type="checkbox"/> 71047 Complete 4 views ..... <input type="checkbox"/> 71048 Special views Decubitus ..... <input type="checkbox"/> 71035</p> <p><b>CLAVICLE</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73000</p> <p><b>ELBOW</b> ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73080</p> <p><b>FACIAL BONES</b>.. Complete 3 or more views ..... <input type="checkbox"/> 70150</p> <p><b>FEMUR</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73550</p> <p><b>FINGER(S) #</b> .. Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73140</p> <p><b>FOOT</b> ..... Weight bearing 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73620 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73630</p> <p><b>FOREARM</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73090</p>	<p><b>HAND</b> ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73130</p> <p><b>HEEL</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73650</p> <p><b>HIP</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73510 Bilateral 2 views (each hip) - R <input type="checkbox"/> L <input type="checkbox"/> 73520</p> <p><b>HUMERUS</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73060</p> <p><b>KNEE</b> ..... Limited 1 or 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73560 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73562 Complete 4 views - R <input type="checkbox"/> L <input type="checkbox"/> 73564 Both knees, AP standing - R <input type="checkbox"/> L <input type="checkbox"/> 73565</p> <p><b>LUMBAR</b> ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72100 Complete 4 views w/obl ..... <input type="checkbox"/> 72110 Complete w/bending 7 views ..... <input type="checkbox"/> 72114 Limited w/bending 4 views ..... <input type="checkbox"/> 72120</p> <p><b>MANDIBLE</b> ..... Limited 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 70100 Complete 4 views ..... <input type="checkbox"/> 70110</p> <p><b>MASTOIDS</b> ..... Complete min. 3 views ..... <input type="checkbox"/> 70130</p> <p><b>NASAL BONES</b> .. Comp. min. 3 views ..... <input type="checkbox"/> 70160</p> <p><b>NECK</b> ..... Soft tissue 2 views ..... <input type="checkbox"/> 70360</p> <p><b>ORBITS</b> ..... Complete 4 views ..... <input type="checkbox"/> 70200 MRI screening ..... <input type="checkbox"/> 70030</p> <p><b>PELVIS</b> ..... Complete 1 or 2 views ..... <input type="checkbox"/> 72170</p> <p><b>RIBS</b> ..... Unilateral 2 views ..... <input type="checkbox"/> 71100 3 views Includes PA chest (trauma) <input type="checkbox"/> 71101 Bilateral, 3 views ..... <input type="checkbox"/> 71110 4 views includes PA chest ..... <input type="checkbox"/> 71111</p>	<p><b>SACRUM &amp; COCCIX</b>. Min. 3 views ..... <input type="checkbox"/> 72220</p> <p><b>SCAPULA</b> ..... 2 views - ..... R <input type="checkbox"/> L <input type="checkbox"/> 73010</p> <p><b>SC JOINTS</b> ..... 3 views ..... <input type="checkbox"/> 71130</p> <p><b>SHOULDER</b> ..... Complete, 2 views - R <input type="checkbox"/> L <input checked="" type="checkbox"/> 73030</p> <p><b>SI JOINTS</b> ..... Complete, 2 views ..... <input type="checkbox"/> 72200</p> <p><b>SINUSES</b> ..... Limited 2 or less ..... <input type="checkbox"/> 70210 Complete 3+ views ..... <input type="checkbox"/> 70220</p> <p><b>SKULL</b> ..... Limited 3 views or less ..... <input type="checkbox"/> 70250 Complete 4 views ..... <input type="checkbox"/> 70260</p> <p><b>STERNUM</b> ..... Complete 2 views ..... <input type="checkbox"/> 71120</p> <p><b>THORACIC</b> ..... 2 views ..... <input checked="" type="checkbox"/> 72072</p> <p><b>THORACOLUMBAR</b>. 2 views ..... <input type="checkbox"/> 72080</p> <p><b>TIBIA/FIBULA (LOWER LEG)</b> Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73590</p> <p><b>TMJ</b> ..... Bilateral open/closed ..... <input type="checkbox"/> 70330</p> <p><b>TOE #</b> ..... Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73660</p> <p><b>WRIST</b> ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73110</p> <p><b>INFANT X-RAY</b></p> <p><b>EXTREMITY Lower</b>. 2 views ..... <input type="checkbox"/> 73592</p> <p><b>EXTREMITY Upper</b>. 2 views ..... <input type="checkbox"/> 73092</p> <p><b>PELVIS &amp; HIPS</b> .. mlt. 2 views ..... <input type="checkbox"/> 73540</p> <p><b>WRIST</b> ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73100</p> <p><b>OTHER</b> _____</p>
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**REQUESTING PHYSICIAN:**

NAME JOSEPH CASSELLA NPI# 1700067259 FAX RESULTS TO ( ) \_\_\_\_\_

INDICATE REASON FOR STUDY PAIN SIGNATURE Joseph Casella

**FOR OFFICE USE ONLY:**

TECHNICIAN Osahon Aduro (P) TECHNIQUE FSKY/SMAS # OF VIEWS \_\_\_\_\_

X-RAY SENT TO RADIOLOGIST YES DATE X-RAY SENT 1/1 PATIENT ID # \_\_\_\_\_ # OF CD \_\_\_\_\_

**NOTE TO OFFICIALS:** A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

# DYNAMIC MOBILE XRAY SERVICES LLC

3412 BLUESTONE LANE  
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(570) 431-9721 / (570) 209-5771 FAX  
dynamicmobilexrays@gmail.com

## Radiology Interpretation

---

**PATIENT NAME:** CERVANTES HERNANDEZ ELIZABETH  
**DATE OF BIRTH:** 02/11/1988  
**ID/MRN:** 20260112180022077  
**CLINICIAN:** CASELLA, JOSEPH.DR  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 01/12/2026  
**HISTORY:** M54.6-PAIN IN THORACIC SPINE, M25.511-PAIN IN RIGHT SHOULDER

---

### SPINE THORACIC X-RAY 2 view:

**COMPARISON:**

None

**BONES:**

No acute fracture or focal osseous lesion. A mild scoliosis may be related to spasm.

Bony alignment is anatomic.

**DISCS/DEGENERATIVE CHANGES:**

The disc spaces are preserved.

**SOFT TISSUES:**

No concerning soft tissue finding.

**IMPRESSION:**

**No acute osseous process.**

---

### RIGHT SHOULDER X-Ray Complete 2 or more views:

**COMPARISON:**

None

**BONES:**

No new fracture or concerning focal osseous lesion.

**JOINTS:**

No dislocation. The joint spaces are normal.

**SOFT TISSUES:**

No concerning soft tissue finding.

**IMPRESSION:**

**No acute osseous process.**

---

**Electronically Signed By:** Dr. Asif Anwar M.D. 01/15/2026 10:53:34 EST

**Tech:** Dynamic Mobile Xray Services LLC



**DYNAMIC**  
MOBILE XRAY SERVICES LLC

Phone: (570)243-1888  
Fax: 570-209-5771

Email: dynamicmobilexrays@gmail.com  
website: dynamicmobilexray.com

**MOBILE PORTABLE X-RAY ORDER FORM**

DATE 01/17/26

**YOUR INFORMATION:**

NAME Cervantes Elizabeth D.O.B. 2/11/88 SS# \_\_\_\_\_  MALE  FEMALE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

FACILITY (IF APPLICABLE) \_\_\_\_\_ ROOM# (IA) \_\_\_\_\_ ADDRESS (IA) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

SECONDARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

**PROCEDURE: (Circle what is needed)**

<p>ABDOMEN ..... KUB 1 view ..... <input type="checkbox"/> 74000 Complete 2 views ..... <input type="checkbox"/> 74020 Acute w/chest 3 views ..... <input type="checkbox"/> 74022</p> <p>AC JOINTS W/ &amp; W/O WEIGHTS 2 views ..... <input type="checkbox"/> 73050</p> <p>ANKLE ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73600 Complete 3 views ..... <input type="checkbox"/> 73610</p> <p>BONE AGE ..... 1 view ..... <input type="checkbox"/> 77072</p> <p>BONE SURVEY .. Complete ..... <input type="checkbox"/> 77075</p> <p>CERVICAL ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72040 Complete w/min. 4 views ..... <input type="checkbox"/> 72050 Complete w/flex &amp; ext. 7 views ..... <input type="checkbox"/> 72052</p> <p>CHEST ..... Limited 1 view ..... <input type="checkbox"/> 71045 Complete 2 views ..... <input type="checkbox"/> 71046 Complete w/flordotic 3 views .. <input type="checkbox"/> 71047 Complete 4 views ..... <input type="checkbox"/> 71048 Special views Decubitus ..... <input type="checkbox"/> 71035</p> <p>CLAVICLE ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73000</p> <p>ELBOW ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73080</p> <p>FACIAL BONES.. Complete 3 or more views..... <input type="checkbox"/> 70150</p> <p>FEMUR ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73550</p> <p>FINGER(S) # .. Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73140</p> <p>FOOT ..... Weight bearing 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73620 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73630</p> <p>FOREARM ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73090</p>	<p>HAND ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73130</p> <p>HEEL ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73650</p> <p>HIP ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73510 Bilateral 2 views (each hip) - R <input type="checkbox"/> L <input type="checkbox"/> 73520</p> <p>HUMERUS ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73060</p> <p>KNEE ..... Limited 1 or 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73560 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73562 Complete 4 views - R <input type="checkbox"/> L <input type="checkbox"/> 73564 Both knees, AP standing - R <input type="checkbox"/> L <input type="checkbox"/> 73565</p> <p>LUMBAR ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72100 Complete 4 views w/obl ..... <input type="checkbox"/> 72110 Complete w/bending 7 views ..... <input type="checkbox"/> 72114 Limited w/bending 4 views... <input type="checkbox"/> 72120</p> <p>MANDIBLE ..... Limited 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 70100 Complete 4 views ..... <input type="checkbox"/> 70110</p> <p>MASTOIDS ..... Complete min. 3 views ..... <input type="checkbox"/> 70130</p> <p>NASAL BONES .. Comp. min. 3 views ..... <input type="checkbox"/> 70160</p> <p>NECK ..... Soft tissue 2 views ..... <input type="checkbox"/> 70360</p> <p>ORBITS ..... Complete 4 views ..... <input type="checkbox"/> 70200 MRI screening ..... <input type="checkbox"/> 70030</p> <p>PELVIS ..... Complete 1 or 2 views ..... <input type="checkbox"/> 72170</p> <p>RIBS ..... Unilateral 2 views ..... <input type="checkbox"/> 71100 3 views includes PA chest (trauma) <input type="checkbox"/> 71101 Bilateral, 3 views ..... <input type="checkbox"/> 71110 4 views Includes PA chest ..... <input type="checkbox"/> 71111</p>	<p>SACRUM &amp; COCCYX. Min. 3 views ..... <input type="checkbox"/> 72220</p> <p>SCAPULA ..... 2 views - ..... R <input type="checkbox"/> L <input type="checkbox"/> 73010</p> <p>SC JOINTS ..... 3 views ..... <input type="checkbox"/> 71130</p> <p><b>SHOULDER</b> ..... Complete, 2 views - R <input checked="" type="checkbox"/> L <input type="checkbox"/> 73030</p> <p>SI JOINTS ..... Complete, 2 views ..... <input type="checkbox"/> 72200</p> <p>SINUSES ..... Limited 2 or less ..... <input type="checkbox"/> 70210 Complete 3+ views ..... <input type="checkbox"/> 70220</p> <p>SKULL ..... Limited 3 views or less ..... <input type="checkbox"/> 70250 Complete 4 views ..... <input type="checkbox"/> 70260</p> <p>STERNUM ..... Complete 2 views ..... <input type="checkbox"/> 71120</p> <p><b>THORACIC</b> ..... 2 views ..... <input checked="" type="checkbox"/> 72072</p> <p>THORACOLUMBAR. 2 views ..... <input type="checkbox"/> 72080</p> <p>TIBIA/FIBULA (LOWER LEG) Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73590</p> <p>TMJ ..... Bilateral open/closed ..... <input type="checkbox"/> 70330</p> <p>TOE # ..... Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73660</p> <p>WRIST ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73110</p> <p><b>INFANT X-RAY</b></p> <p>EXTREMITY Lower. 2 views ..... <input type="checkbox"/> 73592</p> <p>EXTREMITY Upper. 2 views ..... <input type="checkbox"/> 73092</p> <p>PELVIS &amp; HIPS .. min. 2 views ..... <input type="checkbox"/> 73540</p> <p>WRIST ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73100</p> <p>OTHER _____</p>
---	--	---

**REQUESTING PHYSICIAN:**

NAME JOSEPH CASSELLA NPI# 1700067259 FAX RESULTS TO (\_\_\_\_) \_\_\_\_\_

INDICATE REASON FOR STUDY PAIN SIGNATURE Joseph Casella

**FOR OFFICE USE ONLY:**

TECHNICIAN Osahon Aguebe (R) TECHNIQUE FSKY/SMAS # OF VIEWS \_\_\_\_\_

X-RAY SENT TO RADIOLOGIST YES DATE X-RAY SENT 1/1 PATIENT ID # \_\_\_\_\_ # OF CD \_\_\_\_\_

**NOTE TO OFFICIALS:** A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

# DYNAMIC MOBILE XRAY SERVICES LLC

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(570) 431-9721 / (570) 209-5771 FAX  
dynamicmobilexrays@gmail.com

## Radiology Interpretation

---

**PATIENT NAME:** MARSHALL HARRIS-JANE

**DATE OF BIRTH:** 11/06/1962

**ID/MRN:** 20260112150853933

**CLINICIAN:** CASELLA, JOSEPH.DR

**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC

**DATE OF EXAM:** 01/12/2026

**HISTORY:** M25.552-PAIN IN LEFT HIP, M54.6-PAIN IN THORACIC SPINE, M25.511-PAIN IN RIGHT SHOULDER

---

### SPINE THORACIC X-RAY 2 view:

**COMPARISON:**

None

**BONES:**

No acute fracture or focal osseous lesion.

Bony alignment is anatomic.

**DISCS/DEGENERATIVE CHANGES:**

Endplate sclerosis is seen with loss of disc height, coupled with marginal osteophyte formation.

**SOFT TISSUES:**

No concerning soft tissue finding.

**IMPRESSION:**

**No acute osseous process.**

---

### RIGHT SHOULDER X-Ray Complete 2 or more views:

**COMPARISON:**

None

**BONES:**

No new fracture or concerning focal osseous lesion.

**JOINTS:**

No dislocation. The joint spaces are normal.

**SOFT TISSUES:**

No concerning soft tissue finding.

**IMPRESSION:**

**No acute osseous process.**

---

### LEFT Hip X-Ray unilateral 2-3 views :

**COMPARISON:**

None

**BONES:**

No new fracture or concerning focal osseous lesion.

**JOINTS:**

No dislocation. The joint spaces are normal.

**SOFT TISSUES:**

No concerning soft tissue finding.

**IMPRESSION:**

**No acute osseous process.**

---

**Electronically Signed By:** Dr. Asif Anwar M.D. 01/15/2026 10:54:35 EST

**Tech:** Dynamic Mobile Xray Services LLC



**DYNAMIC**  
MOBILE XRAY SERVICES LLC

Phone: (570)243-1888  
Fax: 570-209-5771

Email: dynamicmobilexrays@gmail.com  
website: dynamicmobilexray.com

**MOBILE PORTABLE X-RAY ORDER FORM**

DATE 01/17/26

**YOUR INFORMATION:**

NAME: MALSHALL HARRY D.O.B. 11/06/62 SS# \_\_\_\_\_  MALE  FEMALE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

FACILITY (IF APPLICABLE) \_\_\_\_\_ ROOM# (IA) \_\_\_\_\_ ADDRESS (IA) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

SECONDARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

**PROCEDURE: (Circle what is needed)**

<p><b>ABDOMEN</b> ..... KUB 1 view ..... <input type="checkbox"/> 74000 Complete 2 views ..... <input type="checkbox"/> 74020 Acute w/chest 3 views ..... <input type="checkbox"/> 74022</p> <p><b>AC JOINTS W/ &amp; W/O WEIGHTS</b> 2 views ..... <input type="checkbox"/> 73050</p> <p><b>ANKLE</b> ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73600 Complete 3 views ..... <input type="checkbox"/> 73610</p> <p><b>BONE AGE</b> ..... 1 view ..... <input type="checkbox"/> 77072</p> <p><b>BONE SURVEY</b> .. Complete ..... <input type="checkbox"/> 77075</p> <p><b>CERVICAL</b> ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72040 Complete w/min. 4 views ..... <input type="checkbox"/> 72050 Complete w/flex &amp; ext. 7 views ..... <input type="checkbox"/> 72052</p> <p><b>CHEST</b> ..... Limited 1 view ..... <input type="checkbox"/> 71045 Complete 2 views ..... <input type="checkbox"/> 71046 Complete w/lordotic 3 views ..... <input type="checkbox"/> 71047 Complete 4 views ..... <input type="checkbox"/> 71048 Special views Decubitus ..... <input type="checkbox"/> 71035</p> <p><b>CLAVICLE</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73000</p> <p><b>ELBOW</b> ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73080</p> <p><b>FACIAL BONES</b>.. Complete 3 or more views ..... <input type="checkbox"/> 70150</p> <p><b>FEMUR</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73550</p> <p><b>FINGER(S) #</b> .. Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73140</p> <p><b>FOOT</b> ..... Weight bearing 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73620 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73630</p> <p><b>FOREARM</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73090</p>	<p><b>HAND</b> ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73130</p> <p><b>HEEL</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73650</p> <p><b>HIP</b> ..... Complete 2 views - R <input checked="" type="checkbox"/> L <input type="checkbox"/> 73510 Bilateral 2 views (each hip) - R <input type="checkbox"/> L <input type="checkbox"/> 73520</p> <p><b>HUMERUS</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73060</p> <p><b>KNEE</b> ..... Limited 1 or 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73560 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73562 Complete 4 views - R <input type="checkbox"/> L <input type="checkbox"/> 73564 Both knees, AP standing - R <input type="checkbox"/> L <input type="checkbox"/> 73565</p> <p><b>LUMBAR</b> ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72100 Complete 4 views w/obl ..... <input type="checkbox"/> 72110 Complete w/bending 7 views ..... <input type="checkbox"/> 72114 Limited w/bending 4 views ..... <input type="checkbox"/> 72120</p> <p><b>MANDIBLE</b> ..... Limited 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 70100 Complete 4 views ..... <input type="checkbox"/> 70110</p> <p><b>MASTOIDS</b> ..... Complete min. 3 views ..... <input type="checkbox"/> 70130</p> <p><b>NASAL BONES</b> .. Comp. min. 3 views ..... <input type="checkbox"/> 70160</p> <p><b>NECK</b> ..... Soft tissue 2 views ..... <input type="checkbox"/> 70360</p> <p><b>ORBITS</b> ..... Complete 4 views ..... <input type="checkbox"/> 70200 MRI screening ..... <input type="checkbox"/> 70030</p> <p><b>PELVIS</b> ..... Complete 1 or 2 views ..... <input type="checkbox"/> 72170</p> <p><b>RIBS</b> ..... Unilateral 2 views ..... <input type="checkbox"/> 71100 3 views Includes PA chest (trauma) <input type="checkbox"/> 71101 Bilateral, 3 views ..... <input type="checkbox"/> 71110 4 views Includes PA chest ..... <input type="checkbox"/> 71111</p>	<p><b>SACRUM &amp; COCCYX</b> Min. 3 views ..... <input type="checkbox"/> 72220</p> <p><b>SCAPULA</b> ..... 2 views - ..... R <input type="checkbox"/> L <input type="checkbox"/> 73010</p> <p><b>SC JOINTS</b> ..... 3 views ..... <input type="checkbox"/> 71130</p> <p><b>SHOULDER</b> ..... Complete, 2 views - R <input checked="" type="checkbox"/> L <input type="checkbox"/> 73030</p> <p><b>SI JOINTS</b> ..... Complete, 2 views ..... <input type="checkbox"/> 72200</p> <p><b>SINUSES</b> ..... Limited 2 or less ..... <input type="checkbox"/> 70210 Complete 3+ views ..... <input type="checkbox"/> 70220</p> <p><b>SKULL</b> ..... Limited 3 views or less ..... <input type="checkbox"/> 70250 Complete 4 views ..... <input type="checkbox"/> 70260</p> <p><b>STERNUM</b> ..... Complete 2 views ..... <input type="checkbox"/> 71120</p> <p><b>THORACIC</b> ..... 7 views ..... <input checked="" type="checkbox"/> 72072</p> <p><b>THORACOLUMBAR</b> .. 2 views ..... <input type="checkbox"/> 72080</p> <p><b>TIBIA/FIBULA (LOWER LEG)</b> Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73590</p> <p><b>TMJ</b> ..... Bilateral open/closed ..... <input type="checkbox"/> 70330</p> <p><b>TOE #</b> ..... Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73660</p> <p><b>WRIST</b> ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73110</p> <p><b>INFANT X-RAY</b> EXTREMITY Lower. 2 views ..... <input type="checkbox"/> 73592 EXTREMITY Upper. 2 views ..... <input type="checkbox"/> 73092 PELVIS &amp; HIPS .. mjc. 2 views ..... <input type="checkbox"/> 73540 WRIST ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73100 OTHER _____</p>
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**REQUESTING PHYSICIAN:**

NAME JOSEPH A CASELLA NPI# 1700067259 FAX RESULTS TO (\_\_\_\_) \_\_\_\_\_

INDICATE REASON FOR STUDY PAIN SIGNATURE Joseph Casella

**FOR OFFICE USE ONLY:**

TECHNICIAN Osahon Aguebu (R) TECHNIQUE FSKY/Smms # OF VIEWS \_\_\_\_\_

X-RAY SENT TO RADIOLOGIST YES DATE X-RAY SENT 1/1 PATIENT ID # \_\_\_\_\_ # OF CD \_\_\_\_\_

**NOTE TO OFFICIALS:** A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

# DYNAMIC MOBILE XRAY SERVICES LLC

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E STROUDSBURG, PA 18301  
(570) 431-9721 / (570) 209-5771 FAX  
dynamicmobilexrays@gmail.com

## Radiology Interpretation

---

**PATIENT NAME:** CAMPBELL BRIANNA

**DATE OF BIRTH:** 02/18/1999

**ID/MRN:** 20260112181905236

**CLINICIAN:** CASELLA, JOSEPH.DR

**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC

**DATE OF EXAM:** 01/12/2026

**HISTORY:** M54.6-PAIN IN THORACIC SPINE, M25.511-PAIN IN RIGHT SHOULDER, M25.512-PAIN IN LEFT SHOULDER

---

### SPINE THORACIC X-RAY 2 view:

Comparison: None

#### FINDINGS:

Multiple views of the thoracic spine demonstrate mild scoliosis.

There are no acute fractures or subluxations of the thoracic spine.

The vertebral body heights and disc spaces are grossly preserved.

The soft tissues are unremarkable.

If there is further concern or neurological abnormalities on clinical exam, recommend further radiographic views, MRI or CT of the thoracic spine for complete assessment.

#### IMPRESSION:

**No acute fracture or subluxation of the thoracic spine.**

---

### LEFT SHOULDER X-Ray Complete 2 or more views:

Comparison: None

#### FINDINGS:

Multiple views of the left shoulder show normal alignment at the gleno-humeral joint.

There are no acute fractures or dislocations.

The acromioclavicular joint and coracoclavicular spaces are intact.

The visualized scapula and clavicle are unremarkable.

There are no radiopaque foreign bodies.

No soft tissue swelling is seen.

If there is further concern, follow-up radiographs or MRI of the shoulder may be performed for complete assessment.

#### IMPRESSION:

**No acute fracture or dislocation of left shoulder.**

---

### RIGHT SHOULDER X-Ray Complete 2 or more views:

Comparison: None

#### FINDINGS:

Multiple views of the right shoulder show normal alignment at the gleno-humeral joint.

There are no acute fractures or dislocations.

The acromioclavicular joint and coracoclavicular spaces are intact.

The visualized scapula and clavicle are unremarkable.

There are no radiopaque foreign bodies.

No soft tissue swelling is seen.

If there is further concern, follow-up radiographs or MRI of the shoulder may be performed for complete assessment.

#### IMPRESSION:

**No acute fracture or dislocation of right shoulder.**

---

1  
**Electronically Signed By: Dr. Lan Vu M.D. 01/15/2026 11:45:49 EST**

**Tech: Dynamic Mobile Xray Services LLC**



**DYNAMIC**  
MOBILE XRAY SERVICES LLC

Phone: (570)243-1888  
Fax: 570-209-5771

Email: dynamicmobilexrays@gmail.com  
website: dynamicmobilexray.com

**MOBILE PORTABLE X-RAY ORDER FORM**

DATE 01/12/26

**YOUR INFORMATION:**

NAME: CAMP BELL BRIANNA D.O.B. 02/26/97 SS# \_\_\_\_\_  MALE  FEMALE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

FACILITY (IF APPLICABLE) \_\_\_\_\_ ROOM# (IA) \_\_\_\_\_ ADDRESS (IA) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

SECONDARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

**PROCEDURE: (Circle what is needed)**

<p><b>ABDOMEN</b> ..... KUB 1 view ..... <input type="checkbox"/> 74000 Complete 2 views ..... <input type="checkbox"/> 74020 Acute w/chest 3 views ..... <input type="checkbox"/> 74022</p> <p><b>AC JOINTS W/ &amp; W/O WEIGHTS</b> 2 views ..... <input type="checkbox"/> 73050</p> <p><b>ANKLE</b> ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73600 Complete 3 views ..... <input type="checkbox"/> 73610</p> <p><b>BONE AGE</b> ..... 1 view ..... <input type="checkbox"/> 77072</p> <p><b>BONE SURVEY</b> .. Complete ..... <input type="checkbox"/> 77075</p> <p><b>CERVICAL</b> ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72040 Complete w/min. 4 views ..... <input type="checkbox"/> 72050 Complete w/flex &amp; ext. 7 view ..... <input type="checkbox"/> 72052</p> <p><b>CHEST</b> ..... Limited 1 view ..... <input type="checkbox"/> 71045 Complete 2 views ..... <input type="checkbox"/> 71046 Complete w/tordotic 3 views ..... <input type="checkbox"/> 71047 Complete 4 views ..... <input type="checkbox"/> 71048 Special views Decubitus ..... <input type="checkbox"/> 71035</p> <p><b>CLAVICLE</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73000</p> <p><b>ELBOW</b> ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73080</p> <p><b>FACIAL BONES</b>.. Complete 3 or more views ..... <input type="checkbox"/> 70150</p> <p><b>FEMUR</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73550</p> <p><b>FINGER(S) #</b> .. Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73140</p> <p><b>FOOT</b> ..... Weight bearing 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73620 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73630</p> <p><b>FOREARM</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73090</p>	<p><b>HAND</b> ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73130</p> <p><b>HEEL</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73650</p> <p><b>HIP</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73510 Bilateral 2 views (each hip) - R <input type="checkbox"/> L <input type="checkbox"/> 73520</p> <p><b>HUMERUS</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73060</p> <p><b>KNEE</b> ..... Limited 1 or 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73560 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73562 Complete 4 views - R <input type="checkbox"/> L <input type="checkbox"/> 73564 Both knees, AP standing - R <input type="checkbox"/> L <input type="checkbox"/> 73565</p> <p><b>LUMBAR</b> ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72100 Complete 4 views w/obl ..... <input type="checkbox"/> 72110 Complete w/bending 7 views ..... <input type="checkbox"/> 72114 Limited w/bending 4 views ..... <input type="checkbox"/> 72120</p> <p><b>MANDIBLE</b> ..... Limited 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 70100 Complete 4 views ..... <input type="checkbox"/> 70110</p> <p><b>MASTOIDS</b> ..... Complete min. 3 views ..... <input type="checkbox"/> 70130</p> <p><b>NASAL BONES</b> .. Comp. min. 3 views ..... <input type="checkbox"/> 70160</p> <p><b>NECK</b> ..... Soft tissue 2 views ..... <input type="checkbox"/> 70360</p> <p><b>ORBITS</b> ..... Complete 4 views ..... <input type="checkbox"/> 70200 MRI screening ..... <input type="checkbox"/> 70030</p> <p><b>PELVIS</b> ..... Complete 1 or 2 views ..... <input type="checkbox"/> 72170</p> <p><b>RIBS</b> ..... Unilateral 2 views ..... <input type="checkbox"/> 71100 3 views Includes PA chest (trauma) <input type="checkbox"/> 71101 Bilateral, 3 views ..... <input type="checkbox"/> 71110 4 views Includes PA chest ..... <input type="checkbox"/> 71111</p>	<p><b>SACRUM &amp; COCC</b> .. Min. 3 views ..... <input type="checkbox"/> 72220</p> <p><b>SCAPULA</b> ..... 2 views - ..... R <input type="checkbox"/> L <input type="checkbox"/> 73010</p> <p><b>SC JOINTS</b> ..... 3 views ..... <input type="checkbox"/> 71130</p> <p><b>SHOULDER</b> ..... Complete, 2 views - R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> 73030</p> <p><b>SI JOINTS</b> ..... Complete, 2 views ..... <input type="checkbox"/> 72200</p> <p><b>SINUSES</b> ..... Limited 2 or less ..... <input type="checkbox"/> 70210 Complete 3+ views ..... <input type="checkbox"/> 70220</p> <p><b>SKULL</b> ..... Limited 3 views or less ..... <input type="checkbox"/> 70250 Complete 4 views ..... <input type="checkbox"/> 70260</p> <p><b>STERNUM</b> ..... Complete 2 views ..... <input type="checkbox"/> 71120</p> <p><b>THORACIC</b> ..... 2 views ..... <input checked="" type="checkbox"/> 72072</p> <p><b>THORACOLUMBAR</b> .. 2 views ..... <input type="checkbox"/> 72080</p> <p><b>TIBIA/FIBULA (LOWER LEG)</b> Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73590</p> <p><b>TMJ</b> ..... Bilateral open/closed ..... <input type="checkbox"/> 70330</p> <p><b>TOE #</b> ..... Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73660</p> <p><b>WRIST</b> ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73110</p> <p><b>INFANT X-RAY</b></p> <p><b>EXTREMITY Lower</b> .. 2 views ..... <input type="checkbox"/> 73592</p> <p><b>EXTREMITY Upper</b> .. 2 views ..... <input type="checkbox"/> 73092</p> <p><b>PELVIS &amp; HIPS</b> .. mjr. 2 views ..... <input type="checkbox"/> 73540</p> <p><b>WRIST</b> ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73100</p> <p><b>OTHER</b> _____</p>
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**REQUESTING PHYSICIAN:**

NAME JOSEPH CASSELLA NPI# 1700069259 FAX RESULTS TO (\_\_\_\_) \_\_\_\_\_

INDICATE REASON FOR STUDY PAIN SIGNATURE Joseph Casella

**FOR OFFICE USE ONLY:**

TECHNICIAN Osahon Ajuwa (R) TECHNIQUE FSKY/SMART # OF VIEWS \_\_\_\_\_

X-RAY SENT TO RADIOLOGIST YES DATE X-RAY SENT 1/1 PATIENT ID # \_\_\_\_\_ # OF CD \_\_\_\_\_

**NOTE TO OFFICIALS:** A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

# DYNAMIC MOBILE XRAY SERVICES LLC

3412 BLUESTONE LANE  
E STROUDSBURG, PA 18301  
(570) 431-9721 / (570) 209-5771 FAX  
dynamicmobilexrays@gmail.com

## Radiology Interpretation

**PATIENT NAME:** MAURER BENNET

**DATE OF BIRTH:** 04/20/1968

**ID/MRN:** 20260112170436422

**CLINICIAN:** CASELLA, JOSEPH.DR

**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC

**DATE OF EXAM:** 01/12/2026

**HISTORY:** M54.6-PAIN IN THORACIC SPINE, M25.561-PAIN IN RIGHT KNEE, M25.531-PAIN IN RIGHT WRIST

### SPINE THORACIC X-RAY 2 view:

Technique: Thoracic spine, 2 views

Comparison: None.

Findings: There is normal alignment of thoracic spine with no subluxation. There are no compression deformities. The bony mineralization is normal. Mild narrowing of intervertebral disc spaces with spurring.

### IMPRESSION:

1. Normal alignment of thoracic spine with no subluxation.
2. No compression deformities or fractures demonstrated radiographically. If there is persistent pain, follow up CT or MRI may be obtained as clinically warranted.
3. Mild spondylosis.

### RIGHT WRIST X-Ray Complete 3 view:

Technique: Right Wrist, 3 views

Comparison: None.

Findings: There is no radiographic evidence of acute fracture or dislocation. Carpal bones and metacarpal bones are intact. No widening of the scapholunate interval is present to suggest ligament tear. The bony mineralization is normal. Soft tissues are unremarkable. Mild narrowing of radio-carpal and first carpal-metacarpal joint spaces with spurring.

### IMPRESSION:

1. No definite radiographic evidence of acute fracture or dislocation. If there are persistent symptoms, follow up x ray may be obtained as clinically warranted.
2. Mild osteoarthritis.

### RIGHT KNEE X-Ray - 1-2 view:

Technique: Right knee, 2 views

Comparison: None.

Findings: No radiographic evidence of acute fracture or dislocation. The patella, distal femur, proximal tibia and fibula are intact. There is no deep sulcus sign to suggest anterior cruciate ligament tear. The bony mineralization is normal. There is no joint effusion. Mild narrowing of the medial and patella-femoral joint spaces.

### IMPRESSION:

1. No definite radiographic evidence of acute fracture or dislocation. If there are persistent symptoms, follow up x ray or CT may be obtained as clinically warranted.
2. No joint effusion.
3. Mild degree of osteoarthritis.

Electronically Signed By: Dr. Naiyer Imam M.D. 01/15/2026 4:07:43 EST



**DYNAMIC**  
MOBILE XRAY SERVICES LLC

Phone: (570)243-1888  
Fax: 570-209-5771

Email: dynamicmobilexrays@gmail.com  
website: dynamicmobilexray.com

**MOBILE PORTABLE X-RAY ORDER FORM**

DATE 01/12/26

**YOUR INFORMATION:**

NAME: MAURER BENNET D.O.B. 4/20/68 SS# \_\_\_\_\_  MALE  FEMALE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

FACILITY (IF APPLICABLE) \_\_\_\_\_ ROOM# (IA) \_\_\_\_\_ ADDRESS (IA) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

SECONDARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

**PROCEDURE: (Circle what is needed)**

<p>ABDOMEN ..... KUB 1 view ..... <input type="checkbox"/> 74000 Complete 2 views ..... <input type="checkbox"/> 74020 Acute w/chest 3 views ..... <input type="checkbox"/> 74022</p> <p>AC JOINTS W/ &amp; W/O WEIGHTS 2 views ..... <input type="checkbox"/> 73050</p> <p>ANKLE ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73600 Complete 3 views ..... <input type="checkbox"/> 73610</p> <p>BONE AGE ..... 1 view ..... <input type="checkbox"/> 77072</p> <p>BONE SURVEY .. Complete ..... <input type="checkbox"/> 77075</p> <p>CERVICAL ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72040 Complete w/min. 4 views ..... <input type="checkbox"/> 72050 Complete w/flex &amp; ext. 7 view <input type="checkbox"/> 72052</p> <p>CHEST ..... Limited 1 view ..... <input type="checkbox"/> 71045 Complete 2 views ..... <input type="checkbox"/> 71046 Complete w/lordotic 3 views .. <input type="checkbox"/> 71047 Complete 4 views ..... <input type="checkbox"/> 71048 Special views Decubitus ..... <input type="checkbox"/> 71035</p> <p>CLAVICLE ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73000</p> <p>ELBOW ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73080</p> <p>FACIAL BONES.. Complete 3 or more views..... <input type="checkbox"/> 70150</p> <p>FEMUR ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73550</p> <p>FINGER(S) # __. Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73140</p> <p>FOOT ..... Weight bearing 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73620 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73630</p> <p>FOREARM ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73090</p>	<p>HAND ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73130</p> <p>HEEL ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73650</p> <p>HIP ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73510 Bilateral 2 views (each hip) - R <input type="checkbox"/> L <input type="checkbox"/> 73520</p> <p>HUMERUS ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73060</p> <p><b>KNEE</b> ..... Limited 1 or 2 views R <input checked="" type="checkbox"/> L <input type="checkbox"/> 73560 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73562 Complete 4 views - R <input type="checkbox"/> L <input type="checkbox"/> 73564 Both knees, AP standing - R <input type="checkbox"/> L <input type="checkbox"/> 73565</p> <p>LUMBAR ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72100 Complete 4 views w/obl ..... <input type="checkbox"/> 72110 Complete w/bending 7 views. <input type="checkbox"/> 72114 Limited w/bending 4 views... <input type="checkbox"/> 72120</p> <p>MANDIBLE ..... Limited 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 70100 Complete 4 views ..... <input type="checkbox"/> 70110</p> <p>MASTOIDS ..... Complete min. 3 views ..... <input type="checkbox"/> 70130</p> <p>NASAL BONES .. Comp. min. 3 views ..... <input type="checkbox"/> 70160</p> <p>NECK ..... Soft tissue 2 views ..... <input type="checkbox"/> 70360</p> <p>ORBITS ..... Complete 4 views ..... <input type="checkbox"/> 70200 MRI screening ..... <input type="checkbox"/> 70030</p> <p>PELVIS ..... Complete 1 or 2 views ..... <input type="checkbox"/> 72170</p> <p>RIBS ..... Unilateral 2 views ..... <input type="checkbox"/> 71100 3 views includes PA chest (trauma) <input type="checkbox"/> 71101 Bilateral, 3 views ..... <input type="checkbox"/> 71110 4 views includes PA chest ..... <input type="checkbox"/> 71111</p>	<p>SACRUM &amp; COCCYX Min. 3 views ..... <input type="checkbox"/> 72220</p> <p>SCAPULA ..... 2 views - ..... R <input type="checkbox"/> L <input type="checkbox"/> 73010</p> <p>SC JOINTS ..... 3 views ..... <input type="checkbox"/> 71130</p> <p>SHOULDER ..... Complete, 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73030</p> <p>SI JOINTS ..... Complete, 2 views ..... <input type="checkbox"/> 72200</p> <p>SINUSES ..... Limited 2 or less ..... <input type="checkbox"/> 70210 Complete 3+ views ..... <input type="checkbox"/> 70220</p> <p>SKULL ..... Limited 3 views or less ..... <input type="checkbox"/> 70250 Complete 4 views ..... <input type="checkbox"/> 70260</p> <p>STERNUM ..... Complete 2 views ..... <input type="checkbox"/> 71120</p> <p><b>THORACIC</b> ..... 2 views ..... <input checked="" type="checkbox"/> 72072</p> <p>THORACOLUMBAR. 2 views ..... <input type="checkbox"/> 72080</p> <p>TIBIA/FIBULA (LOWER LEG) Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73590</p> <p>TMJ ..... Bilateral open/closed ..... <input type="checkbox"/> 70330</p> <p>TOE # _____ Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73660</p> <p><b>WRIST</b> ..... Complete 3 views - R <input checked="" type="checkbox"/> L <input type="checkbox"/> 73110</p> <p><b>INFANT X-RAY</b></p> <p>EXTREMITY Lower. 2 views ..... <input type="checkbox"/> 73592</p> <p>EXTREMITY Upper. 2 views ..... <input type="checkbox"/> 73092</p> <p>PELVIS &amp; HIPS .. mjr. 2 views ..... <input type="checkbox"/> 73540</p> <p>WRIST ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73100</p> <p>OTHER _____</p>
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**REQUESTING PHYSICIAN:**

NAME JOSEPH CASSELLA NPI# 1700069259 FAX RESULTS TO (\_\_\_\_) \_\_\_\_\_

INDICATE REASON FOR STUDY PAIN SIGNATURE Joseph Casella

**FOR OFFICE USE ONLY:**

TECHNICIAN Sahon Arueta (R) TECHNIQUE FSKY/SMARTS # OF VIEWS \_\_\_\_\_

X-RAY SENT TO RADIOLOGIST YES DATE X-RAY SENT 1/1 PATIENT ID # \_\_\_\_\_ # OF CD \_\_\_\_\_

**NOTE TO OFFICIALS:** A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

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E STROUDSBURG, PA 18301  
(570) 431-9721 / (570) 209-5771 FAX  
dynamicmobilexrays@gmail.com

## Radiology Interpretation

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**PATIENT NAME:** RIVERA ANDREW  
**DATE OF BIRTH:** 03/31/1988  
**ID/MRN:** 20260112123319401  
**CLINICIAN:** CASELLA, JOSEPH.DR  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 01/12/2026  
**HISTORY:** M54.6-PAIN IN THORACIC SPINE, M25.562-PAIN IN LEFT KNEE

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### SPINE THORACIC X-RAY 2 view:

**Technique:** Thoracic spine, AP and lateral views  
**Comparison:** None.

**Findings:** There is normal alignment of thoracic spine with no subluxation. There are no compression deformities. The bony mineralization is mildly decreased. Mild narrowing of intervertebral disc spaces with spurring.

### IMPRESSION:

1. Normal alignment of thoracic spine with no subluxation.
  2. No compression deformities or fractures demonstrated radiographically. If there is persistent pain, follow up CT or MRI may be obtained as clinically warranted.
  3. Mild osteopenia demonstrated.
  4. Mild spondylosis.
- 

### LEFT KNEE X-Ray - 1-2 view:

**Technique:** Left knee, 2 views  
**Comparison:** None.

**Findings:** No radiographic evidence of acute fracture or dislocation. The patella, distal femur, proximal tibia and fibula are intact. There is no deep sulcus sign to suggest anterior cruciate ligament tear. The bony mineralization is mildly decreased. There is no joint effusion. Mild narrowing of the medial and patella-femoral joint spaces.

### IMPRESSION:

1. No definite radiographic evidence of acute fracture or dislocation. If there are persistent symptoms, follow up x ray or CT may be obtained as clinically warranted.
  2. No joint effusion.
  3. Mild osteopenia demonstrated.
  4. Mild osteoarthritis.
- 

Electronically Signed By: Dr. Naiyer Imam M.D. 01/15/2026 1:34:47 EST

Tech: Dynamic Mobile Xray Services LLC



**DYNAMIC**  
MOBILE XRAY SERVICES LLC

Phone: (570)243-1888  
Fax: 570-209-5771

Email: dynamicmobilexrays@gmail.com  
website: dynamicmobilexray.com

**MOBILE PORTABLE X-RAY ORDER FORM**

DATE 01/12/26

**YOUR INFORMATION:**

NAME: KLUYKA ANDREW D.O.B. 3/31/88 SS# \_\_\_\_\_  MALE  FEMALE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

FACILITY (IF APPLICABLE) \_\_\_\_\_ ROOM# (IA) \_\_\_\_\_ ADDRESS (IA) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

SECONDARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

**PROCEDURE: (Circle what is needed)**

<p>ABDOMEN ..... KUB 1 view ..... <input type="checkbox"/> 74000 Complete 2 views ..... <input type="checkbox"/> 74020 Acute w/chest 3 views ..... <input type="checkbox"/> 74022</p> <p>AC JOINTS W/ &amp; W/O WEIGHTS 2 views ..... <input type="checkbox"/> 73050</p> <p>ANKLE ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73600 Complete 3 views ..... <input type="checkbox"/> 73610</p> <p>BONE AGE ..... 1 view ..... <input type="checkbox"/> 77072</p> <p>BONE SURVEY .. Complete ..... <input type="checkbox"/> 77075</p> <p>CERVICAL ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72040 Complete w/min. 4 views ..... <input type="checkbox"/> 72050 Complete w/flex &amp; ext. 7 views ..... <input type="checkbox"/> 72052</p> <p>CHEST ..... Limited 1 view ..... <input type="checkbox"/> 71045 Complete 2 views ..... <input type="checkbox"/> 71046 Complete w/lordotic 3 views ..... <input type="checkbox"/> 71047 Complete 4 views ..... <input type="checkbox"/> 71048 Special views Decubitus ..... <input type="checkbox"/> 71035</p> <p>CLAVICLE ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73000</p> <p>ELBOW ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73080</p> <p>FACIAL BONES.. Complete 3 or more views ..... <input type="checkbox"/> 70150</p> <p>FEMUR ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73550</p> <p>FINGER(S) # ___ Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73140</p> <p>FOOT ..... Weight bearing 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73620 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73630</p> <p>FOREARM ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73090</p>	<p>HAND ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73130</p> <p>HEEL ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73650</p> <p>HIP ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73510 Bilateral 2 views (each hip) - R <input type="checkbox"/> L <input type="checkbox"/> 73520</p> <p>HUMERUS ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73060</p> <p><b>KNEE</b> ..... Limited 1 or 2 views R <input type="checkbox"/> L <input checked="" type="checkbox"/> 73560 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73562 Complete 4 views - R <input type="checkbox"/> L <input type="checkbox"/> 73564 Both knees, AP standing - R <input type="checkbox"/> L <input type="checkbox"/> 73565</p> <p>LUMBAR ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72100 Complete 4 views w/obl ..... <input type="checkbox"/> 72110 Complete w/bending 7 views ..... <input type="checkbox"/> 72114 Limited w/bending 4 views .. <input type="checkbox"/> 72120</p> <p>MANDIBLE ..... Limited 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 70100 Complete 4 views ..... <input type="checkbox"/> 70110</p> <p>MASTOIDS ..... Complete min. 3 views ..... <input type="checkbox"/> 70130</p> <p>NASAL BONES .. Comp. min. 3 views ..... <input type="checkbox"/> 70160</p> <p>NECK ..... Soft tissue 2 views ..... <input type="checkbox"/> 70360</p> <p>ORBITS ..... Complete 4 views ..... <input type="checkbox"/> 70200 MRI screening ..... <input type="checkbox"/> 70030</p> <p>PELVIS ..... Complete 1 or 2 views ..... <input type="checkbox"/> 72170</p> <p>RIBS ..... Unilateral 2 views ..... <input type="checkbox"/> 71100 3 views includes PA chest (trauma) <input type="checkbox"/> 71101 Bilateral, 3 views ..... <input type="checkbox"/> 71110 4 views includes PA chest ..... <input type="checkbox"/> 71111</p>	<p>SACRUM &amp; COCCYX. Min. 3 views ..... <input type="checkbox"/> 72220</p> <p>SCAPULA ..... 2 views - ..... R <input type="checkbox"/> L <input type="checkbox"/> 73010</p> <p>SC JOINTS ..... 3 views ..... <input type="checkbox"/> 71130</p> <p>SHOULDER ..... Complete, 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73030</p> <p>SI JOINTS ..... Complete, 2 views ..... <input type="checkbox"/> 72200</p> <p>SINUSES ..... Limited 2 or less ..... <input type="checkbox"/> 70210 Complete 3+ views ..... <input type="checkbox"/> 70220</p> <p>SKULL ..... Limited 3 views or less ..... <input type="checkbox"/> 70250 Complete 4 views ..... <input type="checkbox"/> 70260</p> <p>STERNUM ..... Complete 2 views ..... <input type="checkbox"/> 71120</p> <p><b>THORACIC</b> ..... 2 views ..... <input checked="" type="checkbox"/> 72072</p> <p>THORACOLUMBAR. 2 views ..... <input type="checkbox"/> 72080</p> <p>TIBIA/FIBULA (LOWER LEG) Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73590</p> <p>TMJ ..... Bilateral open/closed ..... <input type="checkbox"/> 70330</p> <p>TOE # ..... Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73660</p> <p>WRIST ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73110</p> <p><b>INFANT X-RAY</b></p> <p>EXTREMITY Lower. 2 views ..... <input type="checkbox"/> 73592</p> <p>EXTREMITY Upper. 2 views ..... <input type="checkbox"/> 73092</p> <p>PELVIS &amp; HIPS .. min. 2 views ..... <input type="checkbox"/> 73540</p> <p>WRIST ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73100</p> <p>OTHER _____</p>
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**REQUESTING PHYSICIAN:**

NAME JOSEPH CASSELLA NPI# 1700067259 FAX RESULTS TO \_\_\_\_\_

INDICATE REASON FOR STUDY PAIN SIGNATURE Joseph Casella

**FOR OFFICE USE ONLY:**

TECHNICIAN Osahon Ajuetur (R) TECHNIQUE FSKY/SMMS # OF VIEWS \_\_\_\_\_

X-RAY SENT TO RADIOLOGIST YES DATE X-RAY SENT 1/1 PATIENT ID # \_\_\_\_\_ # OF CD \_\_\_\_\_

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.