

**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:** KEISY ALBERTO VERAS ALMONTE  
**DATE OF BIRTH:** 12/23/1992  
**ID/MRN:** 20260119160235683  
**CLINICIAN:** DR. FIALKOV, ROSS  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 01/19/2026  
**HISTORY:** M25.512-PAIN IN LEFT SHOULDER, M25.562-PAIN IN LEFT KNEE

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

Previous fracture of the clavicle noted. No acute fracture subluxation noted.

**IMPRESSION:**

Previous fracture clavicle with normal appearance of the gleno-humeral and acromioclavicular joints.

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

No fracture subluxation noted. No abnormal masses or calcifications noted.

**IMPRESSION:**

No significant abnormalities noted

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**Electronically Signed By:** Steven Brownstein MD 01/21/2026 22:46:37 EST

**Tech:** Dynamic Mobile Xray Services LLC

## MOBILE PORTABLE X-RAY ORDER FORM

DATE 01/19/26

### YOUR INFORMATION:

NAME Jercas Almonte Keyu Alberto D.O.B. 12/23/92 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 <input type="checkbox"/> 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 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 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> . . . . . 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> _____</p>
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### REQUESTING PHYSICIAN:

NAME Ross Frank NPI# \_\_\_\_\_ FAX RESULTS TO ( ) \_\_\_\_\_

INDICATE REASON FOR STUDY R/O Ft post mva SIGNATURE [Signature]

### FOR OFFICE USE ONLY:

TECHNICIAN \_\_\_\_\_ TECHNIQUE \_\_\_\_\_ # OF VIEWS \_\_\_\_\_

X-RAY SENT TO RADIOLOGIST \_\_\_\_\_ DATE X-RAY SENT / / \_\_\_\_\_ 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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(570) 431-9721 / (570) 209-5771 FAX  
dynamicmobilexrays@gmail.com

## Radiology Interpretation

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**PATIENT NAME:** MONIQUE BROWN

**DATE OF BIRTH:** 06/14/1981

**ID/MRN:** 20260119135234301

**CLINICIAN:** DR. FIALKOV, ROSS

**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC

**DATE OF EXAM:** 01/19/2026

**HISTORY:** M25.471-EFFUSION, RIGHT ANKLE, M25.562-PAIN IN LEFT KNEE, M25.511-PAIN IN RIGHT SHOULDER, M25.512-PAIN IN LEFT SHOULDER, M54.6-PAIN IN THORACIC SPINE, M25.532-PAIN IN LEFT WRIST

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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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**LEFT WRIST X-Ray Complete 3 view:**

Comparison: None

**FINDINGS:**

Multiple views of the left wrist show no acute fractures or dislocations.

There is normal alignment of the carpal bones.

The radiocarpal joint is unremarkable.

The distal radial ulnar joint is unremarkable.

There is no soft tissue swelling.

No joint effusion is seen.

There are no radio-opaque foreign bodies.

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

**IMPRESSION:**

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

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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.

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.**

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**RIGHT ANKLE X-Ray - 2 views:**

Comparison: None

**FINDINGS:**

Multiple views of the right ankle show normal alignment without acute fractures or dislocations. Chronic avulsion fracture of the medial malleolus is noted.

The tibiotalar joint and talar dome are unremarkable.

The subtalar joint is unremarkable.

There is no ankle joint effusion.

The ankle mortise is normal.

The distal tibia-fibular alignment is unremarkable.

There is no soft tissue swelling.

No radiopaque foreign bodies are seen.

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

**IMPRESSION:**

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

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**Electronically Signed By: Dr. Lan Vu M.D. 01/21/2026 20:01:58 EST**

**Tech: Dynamic Mobile Xray Services LLC**

## MOBILE PORTABLE X-RAY ORDER FORM

DATE 01/19/26

**YOUR INFORMATION:**

NAME Brown Monique D.O.B. 6/14/81 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 checked="" 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 <input type="checkbox"/> 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 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 checked="" 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 Ross Frank NPI# \_\_\_\_\_ FAX RESULTS TO ( ) \_\_\_\_\_

INDICATE REASON FOR STUDY R/O Ft post mva SIGNATURE [Signature]

**FOR OFFICE USE ONLY:**

TECHNICIAN \_\_\_\_\_ TECHNIQUE \_\_\_\_\_ # OF VIEWS \_\_\_\_\_

X-RAY SENT TO RADIOLOGIST \_\_\_\_\_ DATE X-RAY SENT / / \_\_\_\_\_ 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:** FLERIDA CASTRO

**DATE OF BIRTH:** 04/16/1994

**ID/MRN:** 20260119143617125

**CLINICIAN:** DR. FIALKOV, ROSS

**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC

**DATE OF EXAM:** 01/19/2026

**HISTORY:** M79.642-PAIN IN LEFT HAND, M25.562-PAIN IN LEFT KNEE, M25.512-PAIN IN LEFT SHOULDER

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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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### LEFT HAND X-Ray - 3 view:

Comparison: None

#### FINDINGS:

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

The digit and thumb interphalangeal joints are unremarkable.

The metacarpophalangeal joints are unremarkable.

The carpometacarpal joint regions are unremarkable.

There is no soft tissue swelling seen.

No radiopaque foreign bodies are seen in the soft tissue.

The visualized incompletely evaluated wrist region is grossly unremarkable.

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

#### IMPRESSION:

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

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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.

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.**

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**Electronically Signed By: Dr. Lan Vu M.D. 01/21/2026 20:00:32 EST**

**Tech: Dynamic Mobile Xray Services LLC**

## MOBILE PORTABLE X-RAY ORDER FORM

DATE 01/19/26

### YOUR INFORMATION:

NAME Castro Hevda D.O.B. 4/16/94 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/jordotic 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 ..... <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 checked="" type="checkbox"/> 73130</p> <p><b>HEEL</b> ..... Complete 2 views - R <input type="checkbox"/> 73650</p> <p><b>HIP</b> ..... Complete 2 views - R <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> ..... 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> _____</p>
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### REQUESTING PHYSICIAN:

NAME Ross Fralkow NPI# \_\_\_\_\_ FAX RESULTS TO ( ) \_\_\_\_\_

INDICATE REASON FOR STUDY R/O Fx post mva SIGNATURE [Signature]

### FOR OFFICE USE ONLY:

TECHNICIAN \_\_\_\_\_ TECHNIQUE \_\_\_\_\_ # OF VIEWS \_\_\_\_\_

X-RAY SENT TO RADIOLOGIST \_\_\_\_\_ DATE X-RAY SENT / / \_\_\_\_\_ 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:** YINESKA CLAUDIO SANCHES

**DATE OF BIRTH:** 09/02/2000

**ID/MRN:** 20260119173045139

**CLINICIAN:** DR. FIALKOV, ROSS

**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC

**DATE OF EXAM:** 01/19/2026

**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

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### SPINE THORACIC X-RAY 2 view:

#### THORACIC SPINE:

Thoracic spine two view: No fracture is identified. Alignment is normal. The vertebral bodies are intact and the disc spaces are preserved. No incidental findings.

#### IMPRESSION:

Negative study.

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

#### LEFT SHOULDER:

Left shoulder two view: There is no evidence of fracture or dislocation. The joint spaces are normal. No osseous or soft tissue pathology.

#### IMPRESSION:

Negative Study.

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

#### RIGHT SHOULDER:

Right shoulder two view: There is no evidence of fracture or dislocation. The joint spaces are intact. No osseous or soft tissue pathology.

#### IMPRESSION:

Negative study.

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

#### RIGHT KNEE:

Right knee two view: No fracture. Alignment is normal. The joint spaces are intact. No effusion. No osseous or soft tissue pathology.

#### IMPRESSION:

Negative study.

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Electronically Signed By: Dr. Joseph Dixon M.D. 01/22/2026 7:40:13 EST

Tech: Dynamic Mobile Xray Services LLC

## MOBILE PORTABLE X-RAY ORDER FORM

DATE 01/19/26

### YOUR INFORMATION:

NAME Claudio Sanchez yuetha D.O.B. 9/2/2000 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"/> 73618</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 <input type="checkbox"/> 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 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                  Complete 4 views ..... <input type="checkbox"/> 73620</p> <p><b>INFANT X-RAY</b> .. <input type="checkbox"/> 71130</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 Cross, Falko NPI# \_\_\_\_\_ FAX RESULTS TO ( ) \_\_\_\_\_

INDICATE REASON FOR STUDY R/O Ft post MVA SIGNATURE [Signature]

### FOR OFFICE USE ONLY:

TECHNICIAN \_\_\_\_\_ TECHNIQUE \_\_\_\_\_ # OF VIEWS \_\_\_\_\_

X-RAY SENT TO RADIOLOGIST \_\_\_\_\_ DATE X-RAY SENT \_\_\_\_/\_\_\_\_/\_\_\_\_ 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:** MELANIE ESPINAL  
**DATE OF BIRTH:** 09/10/1996  
**ID/MRN:** 20260119145419098  
**CLINICIAN:** DR. FIALKOV, ROSS  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 01/19/2026  
**HISTORY:** M54.6-PAIN IN THORACIC SPINE, M25.512-PAIN IN LEFT SHOULDER, M25.562-PAIN IN LEFT KNEE

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**SPINE THORACIC X-RAY 2 view:**

Scoliosis noted. No fracture identified. No paraspinal soft tissue mass noted.

**IMPRESSION:**

Scoliosis noted

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

LEFT SHOULDER: The bones and joints of the left shoulder appear normal. There is no evidence of fracture, dislocation or separation. There are no soft tissue calcifications

**IMPRESSION:**

Negative left shoulder.

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

No fracture or subluxation noted. No abnormal masses or calcifications noted.

**IMPRESSION:**

No significant abnormalities noted

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**Electronically Signed By:** Steven Brownstein MD 01/21/2026 22:42:37 EST

**Tech:** Dynamic Mobile Xray Services LLC

**MOBILE PORTABLE X-RAY ORDER FORM**

DATE 01/19/26

**YOUR INFORMATION:**

NAME Spina Melaine D.O.B. 9/10/96 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)-**

<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	<b>HAND</b> ..... Complete 3 views - R <input type="checkbox"/> ..... <input type="checkbox"/> 73130 <b>HEEL</b> ..... Complete 2 views - R <input type="checkbox"/> ..... <input type="checkbox"/> 73650	<b>SACRUM &amp; COCCYX</b> Min. 3 views ..... <input type="checkbox"/> 72220
<b>AC JOINTS W/ &amp; W/O WEIGHTS</b> 2 views ..... <input type="checkbox"/> 73050	<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	<b>SCAPULA</b> ..... 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73010
<b>ANKLE</b> ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73600 Complete 3 views ..... <input type="checkbox"/> 73610	<b>HUMERUS</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73060	<b>SC JOINTS</b> ..... 3 views ..... <input type="checkbox"/> 71130
<b>BONE AGE</b> ..... 1 view ..... <input type="checkbox"/> 77072	<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	<b>SHOULDER</b> ..... Complete, 2 views - R <input type="checkbox"/> L <input checked="" type="checkbox"/> 73030
<b>BONE SURVEY</b> .. Complete ..... <input type="checkbox"/> 77075	<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	<b>SI JOINTS</b> ..... Complete, 2 views ..... <input type="checkbox"/> 72200
<b>CERVICAL</b> ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72040 Complete w/min. 4 views ..... <input type="checkbox"/> 72050 Complete w/flex & ext. 7 views <input type="checkbox"/> 72052	<b>MANDIBLE</b> ..... Limited 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 70100 Complete 4 views ..... <input type="checkbox"/> 70110	<b>SINUSES</b> ..... Limited 2 or less ..... <input type="checkbox"/> 70210 Complete 3+ views ..... <input type="checkbox"/> 70220
<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	<b>MASTOIDS</b> ..... Complete min. 3 views ..... <input type="checkbox"/> 70130	<b>SKULL</b> ..... Limited 3 views or less ..... <input type="checkbox"/> 70250 Complete 4 views ..... <input type="checkbox"/> 70260
<b>CLAVICLE</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73000	<b>NASAL BONES</b> .. Comp. min. 3 views ..... <input type="checkbox"/> 70160	<b>STERNUM</b> ..... Complete 2 views ..... <input type="checkbox"/> 71120
<b>ELBOW</b> ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73080	<b>NECK</b> ..... Soft tissue 2 views ..... <input type="checkbox"/> 70360	<b>THORACIC</b> ..... 2 views ..... <input checked="" type="checkbox"/> 72072
<b>FACIAL BONES</b> .. Complete 3 or more views ..... <input type="checkbox"/> 70150	<b>ORBITS</b> ..... Complete 4 views ..... <input type="checkbox"/> 70200 MRI screening ..... <input type="checkbox"/> 70030	<b>THORACOLUMBAR</b> 2 views ..... <input type="checkbox"/> 72080
<b>FEMUR</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73550	<b>PELVIS</b> ..... Complete 1 or 2 views ..... <input type="checkbox"/> 72170	<b>TIBIA/FIBULA (LOWER LEG)</b> Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73590
<b>FINGER(S) #</b> .. Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73140	<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	<b>TMJ</b> ..... Bilateral open/closed ..... <input type="checkbox"/> 70330
<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		<b>TOE #</b> ..... Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73660
<b>FOREARM</b> ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73090		<b>WRIST</b> ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73110

**REQUESTING PHYSICIAN:**

NAME Cross, Frank NPI# \_\_\_\_\_ FAX RESULTS TO (\_\_\_\_) \_\_\_\_\_  
 INDICATE REASON FOR STUDY R/O Ft post MUA SIGNATURE [Signature]

**FOR OFFICE USE ONLY:**

TECHNICIAN \_\_\_\_\_ TECHNIQUE \_\_\_\_\_ # OF VIEWS \_\_\_\_\_  
 X-RAY SENT TO RADIOLOGIST \_\_\_\_\_ DATE X-RAY SENT \_\_\_\_/\_\_\_\_/\_\_\_\_ 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:** JANIBEL RAMOS PENA  
**DATE OF BIRTH:** 06/16/1994  
**ID/MRN:** 20260119154552359  
**CLINICIAN:** DR. FIALKOV, ROSS  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 01/19/2026  
**HISTORY:** M25.512-PAIN IN LEFT SHOULDER, M25.562-PAIN IN LEFT KNEE

---

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

**LEFT SHOULDER:**

Left shoulder two view: There is no evidence of fracture or dislocation. The joint spaces are normal. No osseous or soft tissue pathology.

**IMPRESSION:**

**Negative Study.**

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

**LEFT KNEE:**

Left knee two view: No fracture. Alignment is normal. No effusion. Joint spaces are intact. No incidental findings.

**IMPRESSION:**

**Negative Study.**

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**Electronically Signed By:** Dr. Joseph Dixon M.D. 01/22/2026 6:06:14 EST

**Tech:** Dynamic Mobile Xray Services LLC

## MOBILE PORTABLE X-RAY ORDER FORM

DATE 01/19/26

### YOUR INFORMATION:

NAME Kamos pena pinibel D.O.B. 6/16/94 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> ..... <input type="checkbox"/> 73050                  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 ..... <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 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 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> ..... 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> ..... <input type="checkbox"/> 73150</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 Ross Frank NPI# \_\_\_\_\_ FAX RESULTS TO ( ) \_\_\_\_\_

INDICATE REASON FOR STUDY R/O Ft post MVA SIGNATURE [Signature]

### FOR OFFICE USE ONLY:

TECHNICIAN \_\_\_\_\_ TECHNIQUE \_\_\_\_\_ # OF VIEWS \_\_\_\_\_

X-RAY SENT TO RADIOLOGIST \_\_\_\_\_ DATE X-RAY SENT / / \_\_\_\_\_ 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:** JOSUE ESPINAL MATOS  
**DATE OF BIRTH:** 05/28/1991  
**ID/MRN:** 20260119152134377  
**CLINICIAN:** DR. FIALKOV, ROSS  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 01/19/2026  
**HISTORY:** M25.512-PAIN IN LEFT SHOULDER, M25.561-PAIN IN RIGHT KNEE, M25.562-PAIN IN LEFT KNEE

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

**LEFT SHOULDER:** The bones and joints of the left shoulder appear normal. There is no evidence of fracture, dislocation or separation. There are no soft tissue calcifications

**IMPRESSION:**

**Negative left shoulder.**

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

No fracture or subluxation noted. No abnormal masses or calcifications noted.

**IMPRESSION:**

**No significant abnormalities noted**

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

No fracture or subluxation noted. No abnormal masses or calcifications noted.

**IMPRESSION:**

**No significant abnormalities noted**

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**Electronically Signed By:** Steven Brownstein MD 01/21/2026 22:44:01 EST

**Tech:** Dynamic Mobile Xray Services LLC

## MOBILE PORTABLE X-RAY ORDER FORM

DATE 01/19/26

### YOUR INFORMATION:

NAME Yspinal Matos Josue D.O.B. 5/28/91 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> ..... 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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> ..... 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> _____</p>
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### REQUESTING PHYSICIAN:

NAME Cross, Frank NPI# \_\_\_\_\_ FAX RESULTS TO ( ) \_\_\_\_\_

INDICATE REASON FOR STUDY R/O Ft post MVA SIGNATURE [Signature]

### FOR OFFICE USE ONLY:

TECHNICIAN \_\_\_\_\_ TECHNIQUE \_\_\_\_\_ # OF VIEWS \_\_\_\_\_

X-RAY SENT TO RADIOLOGIST \_\_\_\_\_ DATE X-RAY SENT \_\_\_\_/\_\_\_\_/\_\_\_\_ 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:** ZOQUIER TEJEDA LUIS ENRI

**DATE OF BIRTH:** 05/01/1990

**ID/MRN:** 20260119141718825

**CLINICIAN:** DR. FIALKOV, ROSS

**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC

**DATE OF EXAM:** 01/19/2026

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

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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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**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. 01/21/2026 22:46:14 EST**

**Tech: Dynamic Mobile Xray Services LLC**

## MOBILE PORTABLE X-RAY ORDER FORM

DATE 01/19/26

### YOUR INFORMATION:

NAME LUIS ENRI ZOQUIER TEJEDA D.O.B. 5/1/90 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> ..... 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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 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                  R <input type="checkbox"/> L <input type="checkbox"/> 73110</p> <p><b>INFANT X-RAY</b> ..... <input type="checkbox"/> 71130</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 Cross, Frank NPI# \_\_\_\_\_ FAX RESULTS TO ( ) \_\_\_\_\_

INDICATE REASON FOR STUDY R/O Fx post MUA SIGNATURE [Signature]

### FOR OFFICE USE ONLY:

TECHNICIAN \_\_\_\_\_ TECHNIQUE \_\_\_\_\_ # OF VIEWS \_\_\_\_\_

X-RAY SENT TO RADIOLOGIST \_\_\_\_\_ DATE X-RAY SENT \_\_\_\_/\_\_\_\_/\_\_\_\_ 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:** STANLEY ROMAIN

**DATE OF BIRTH:** 02/20/1999

**ID/MRN:** 20260119153059187

**CLINICIAN:** DR. FIALKOV, ROSS

**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC

**DATE OF EXAM:** 01/19/2026

**HISTORY:** M25.512-PAIN IN LEFT SHOULDER, M25.561-PAIN IN RIGHT KNEE, M25.471-EFFUSION, RIGHT ANKLE

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

**LEFT SHOULDER:** The bones and joints of the left shoulder appear normal. There is no evidence of fracture, dislocation or separation. There are no soft tissue calcifications

### **IMPRESSION:**

**Negative left shoulder.**

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

No fracture or subluxation noted. No abnormal masses or calcifications noted.

### **IMPRESSION:**

**No significant abnormalities**

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### **RIGHT ANKLE X-Ray Complete 3 view:**

No fracture noted. Ankle mortise well-maintained. Base of the 5th metatarsal bone appear intact.

### **IMPRESSION:**

**No significant abnormalities noted**

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**Electronically Signed By:** Steven Brownstein MD 01/21/2026 22:41:00 EST

**Tech:** Dynamic Mobile Xray Services LLC

## MOBILE PORTABLE X-RAY ORDER FORM

DATE 01/19/26

### YOUR INFORMATION:

NAME Romain Stanley D.O.B. 2/20/99 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 checked="" 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/iodotic 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 <input type="checkbox"/> 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 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> ..... 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> ..... <input type="checkbox"/> 73750</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 Ross Fialkow NPI# \_\_\_\_\_ FAX RESULTS TO ( ) \_\_\_\_\_

INDICATE REASON FOR STUDY R/O Ft post mva SIGNATURE [Signature]

### FOR OFFICE USE ONLY:

TECHNICIAN \_\_\_\_\_ TECHNIQUE \_\_\_\_\_ # OF VIEWS \_\_\_\_\_

X-RAY SENT TO RADIOLOGIST \_\_\_\_\_ DATE X-RAY SENT / / \_\_\_\_\_ 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:** GELDENSON CUEVAS TERRERO

**DATE OF BIRTH:** 12/19/1996

**ID/MRN:** 20260119132502238

**CLINICIAN:** DR. FIALKOV, ROSS

**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC

**DATE OF EXAM:** 01/19/2026

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

---

## SIGNIFICANT FINDINGS

### SPINE THORACIC X-RAY 2 view:

Thoracic SPINE:

No acute fracture or dislocation. No soft tissue abnormality. Consider follow-up radiographs or CT as clinically warranted.

### IMPRESSION:

No acute osseous abnormality.

---

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

Left SHOULDER:

No acute fracture or dislocation. No soft tissue abnormality. Consider follow-up radiographs or CT as clinically warranted.

### IMPRESSION:

No acute osseous abnormality.

---

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

RIGHT SHOULDER:

No acute fracture or dislocation. No soft tissue abnormality. Consider follow-up radiographs or CT as clinically warranted.

### IMPRESSION:

No acute osseous abnormality.

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

Left KNEE:

No acute fracture or dislocation. No soft tissue abnormality. No joint effusion. Consider follow-up radiographs or CT as clinically warranted.

### IMPRESSION:

No acute osseous abnormality.

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

RIGHT KNEE:

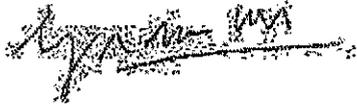
No acute fracture or dislocation. No soft tissue abnormality. No joint effusion. Consider follow-up radiographs or CT as clinically warranted.

### IMPRESSION:

No acute osseous abnormality.

---

Electronically Signed By: Dr. Yasser Mir M.D. 01/21/2026 22:04:15 EST

A handwritten signature in black ink, appearing to read 'Yasser Mir', is written over a horizontal line.

Tech: Dynamic Mobile Xray Services LLC

## MOBILE PORTABLE X-RAY ORDER FORM

DATE 01/19/26

### YOUR INFORMATION:

NAME Cuevas Jerevo Gelderson D.O.B. 12/19/96 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/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 <input type="checkbox"/> <input type="checkbox"/> <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 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> .. 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 Ross, Frank NPI# \_\_\_\_\_ FAX RESULTS TO ( ) \_\_\_\_\_

INDICATE REASON FOR STUDY R/O Ft post MVA SIGNATURE [Signature]

### FOR OFFICE USE ONLY:

TECHNICIAN \_\_\_\_\_ TECHNIQUE \_\_\_\_\_ # OF VIEWS \_\_\_\_\_

X-RAY SENT TO RADIOLOGIST \_\_\_\_\_ DATE X-RAY SENT 1/1/26 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:** DANNY JOEL ENCARNACION DE LA CRUZ

**DATE OF BIRTH:** 08/01/1997

**ID/MRN:** 20260119180523869

**CLINICIAN:** DR. FIALKOV, ROSS

**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC

**DATE OF EXAM:** 01/19/2026

**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

---

### SPINE THORACIC X-RAY 2 view:

Technique: Thoracic spine, 2 views

Comparison: None.

Findings: There is mild dextroscoliosis with no subluxation. (8 degrees Cobb's angle at T7 level). There are no compression deformities. The bony mineralization is normal.

### IMPRESSION:

1. Mild dextroscoliosis with no subluxation. (8 degrees Cobb's angle at T7 level)
  2. No compression deformities or fractures demonstrated radiographically. If there is persistent pain, follow up CT or MRI may be obtained as clinically warranted.
- 

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

Technique: Left 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.
- 

### 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.
- 

### 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 normal. There is no joint effusion.

### 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.**

---

**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.

**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.**

---

Electronically Signed By: Dr. Naiyer Imam M.D. 01/22/2026 0:57:56 EST

Tech: Dynamic Mobile Xray Services LLC

## MOBILE PORTABLE X-RAY ORDER FORM

DATE 01/09/20

### YOUR INFORMATION:

NAME Encarnacion Panny, Joe D.O.B. 8/1/97 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 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 <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 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> .. 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 Ross, Frank NPI# \_\_\_\_\_ FAX RESULTS TO ( ) \_\_\_\_\_

INDICATE REASON FOR STUDY R/O Ft post MVA SIGNATURE [Signature]

### FOR OFFICE USE ONLY:

TECHNICIAN \_\_\_\_\_ TECHNIQUE \_\_\_\_\_ # OF VIEWS \_\_\_\_\_

X-RAY SENT TO RADIOLOGIST \_\_\_\_\_ DATE X-RAY SENT \_\_\_\_/\_\_\_\_/\_\_\_\_ 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: MARIA GUZMAN**

**DATE OF BIRTH: 11/21/1994**

**ID/MRN: 20260119171720170**

**CLINICIAN: DR. FIALKOV, ROSS**

**FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC**

**DATE OF EXAM: 01/19/2026**

**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 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.**

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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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**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.**

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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. 01/21/2026 22:52:58 EST**

**Tech: Dynamic Mobile Xray Services LLC**

## MOBILE PORTABLE X-RAY ORDER FORM

DATE 01/13/26

### YOUR INFORMATION:

NAME Guzman Maria D.O.B. 11/21/94 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 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> . . . . . 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>
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### REQUESTING PHYSICIAN:

NAME Cross, Frank NPI# \_\_\_\_\_ FAX RESULTS TO ( ) \_\_\_\_\_

INDICATE REASON FOR STUDY R/O Fx post MVA SIGNATURE [Signature]

### FOR OFFICE USE ONLY:

TECHNICIAN \_\_\_\_\_ TECHNIQUE \_\_\_\_\_ # OF VIEWS \_\_\_\_\_

X-RAY SENT TO RADIOLOGIST \_\_\_\_\_ DATE X-RAY SENT \_\_\_\_/\_\_\_\_/\_\_\_\_ 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:** JOSE SAMUEL GUZMAN ACEVEDO

**DATE OF BIRTH:** 09/13/1971

**ID/MRN:** 20260119175102895

**CLINICIAN:** DR. FIALKOV, ROSS

**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC

**DATE OF EXAM:** 01/19/2026

**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

---

### SPINE THORACIC X-RAY 2 view:

Technique: Thoracic spine, 2 views

Comparison: None.

Findings: There is mild dextroscoliosis with no subluxation (10 degrees Cobb's angle at T5 level). There are no compression deformities. The bony mineralization is normal. Mild narrowing of intervertebral disc spaces with spurring.

### IMPRESSION:

1. Mild dextroscoliosis with no subluxation (10 degrees Cobb's angle at T5 level).
  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.
- 

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

Technique: Left 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. Mild narrowing of gleno-humeral joint space and AC joints.

### 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. Mild osteoarthritis.
- 

### 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. Mild narrowing of gleno-humeral joint space and AC joints.

### 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. Mild osteoarthritis.
- 

### 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 normal. There is no joint effusion. Severe 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. Severe osteoarthritis demonstrated.

---

**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. Moderate 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. Moderate osteoarthritis.

---

Electronically Signed By: Dr. Naiyer Imam M.D. 01/22/2026 0:31:56 EST

Tech: Dynamic Mobile Xray Services LLC

## MOBILE PORTABLE X-RAY ORDER FORM

DATE 01/13/26

### YOUR INFORMATION:

NAME Guzman Acevedo Jose Samuel D.O.B. 9/13/77 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 ..... <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 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> .. 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 Ross, Frank NPI# \_\_\_\_\_ FAX RESULTS TO ( ) \_\_\_\_\_

INDICATE REASON FOR STUDY R/O Fx post MVA SIGNATURE [Signature]

### FOR OFFICE USE ONLY:

TECHNICIAN \_\_\_\_\_ TECHNIQUE \_\_\_\_\_ # OF VIEWS \_\_\_\_\_

X-RAY SENT TO RADIOLOGIST \_\_\_\_\_ DATE X-RAY SENT / / \_\_\_\_\_ 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:** NICOLE WALKER

**DATE OF BIRTH:** 08/02/1974

**ID/MRN:** 20260119134001477

**CLINICIAN:** DR. FIALKOV, ROSS

**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC

**DATE OF EXAM:** 01/19/2026

**HISTORY:** 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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### 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. A small corticated bony fragment adjacent to the humeral head is likely from a remote injury.

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

Comparison: None

#### FINDINGS:

Motion artifacts are present.

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.**

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

Comparison: None

**FINDINGS:**

Motion artifacts are present.

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. 01/21/2026 20:08:19 EST**

**Tech: Dynamic Mobile Xray Services LLC**

## MOBILE PORTABLE X-RAY ORDER FORM

DATE 01/19/26

**YOUR INFORMATION:**

NAME Walker Nicole D.O.B. 8/2/74 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><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/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 ..... <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 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> ..... 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> ..... <input type="checkbox"/> 70380</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 Ross Fowler NPI# \_\_\_\_\_ FAX RESULTS TO ( ) \_\_\_\_\_

INDICATE REASON FOR STUDY R/O Ft post mva SIGNATURE [Signature]

**FOR OFFICE USE ONLY:**

TECHNICIAN \_\_\_\_\_ TECHNIQUE \_\_\_\_\_ # OF VIEWS \_\_\_\_\_

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

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