

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: OTERO DETINY
DATE OF BIRTH: 07/24/1993
ID/MRN: 20260127134841960
CLINICIAN: SCARBOROUGH, PAUL. DR
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 01/27/2026
HISTORY: M54.2-CERVICALGIA, M54.6-PAIN IN THORACIC SPINE, M54.59-OTHER LOW BACK PAIN, M25.511-PAIN IN RIGHT SHOULDER

SPINE CERVICAL X-RAY 2-3 view:

COMPARISON:

None

BONES:

No acute fracture or focal osseous lesion. Straightening of the normal lordosis may be related to spasm.

Bony alignment is anatomic.

DISCS/DEGENERATIVE CHANGES:

The disc spaces are preserved.

SOFT TISSUES:

No concerning soft tissue finding.

IMPRESSION:

No acute osseous process.

SPINE THORACIC X-RAY 2 view:

COMPARISON:

None

BONES:

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

Bony alignment is anatomic.

DISCS/DEGENERATIVE CHANGES:

The disc spaces are preserved.

SOFT TISSUES:

No concerning soft tissue finding.

IMPRESSION:

No acute osseous process.

LUMBAR SPINE 2-3 View:

COMPARISON:

None

BONES:

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

Bony alignment is anatomic.

DISCS/DEGENERATIVE CHANGES:

The disc spaces are preserved.

SOFT TISSUES:

No concerning soft tissue finding.

IMPRESSION:

No acute osseous process.

RIGHT SHOULDER X-Ray Complete 2 or more views:

COMPARISON:

None

BONES:

No new fracture or concerning focal osseous lesion.

JOINTS:

No dislocation. The joint spaces are normal.

SOFT TISSUES:

No concerning soft tissue finding.

IMPRESSION:

No acute osseous process.

Electronically Signed By: Dr. Asif Anwar M.D. 01/29/2026 9:43:32 EST

Tech: Dynamic Mobile Xray Services LLC

MOBILE PORTABLE X-RAY ORDER FORM

DATE 01/27/2011

YOUR INFORMATION

NAME OTERO DESTINY D.O.B. 7/24/93 SEX MALE FEMALE
 ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE () _____
 FACILITY (IF APPLICABLE) _____ ROOM# (A) _____ ADDRESS (A) _____ CITY _____ STATE _____ ZIP _____
 PRIMARY INSURANCE NAME _____ INSURANCE ID # _____
 SECONDARY INSURANCE NAME _____ INSURANCE ID # _____

PROCEDURE (Circle what is needed)

<p>ABDOMEN KUB 1 view <input type="checkbox"/> 74090 Complete 2 views <input type="checkbox"/> 74020 Acute w/chest 3 views <input type="checkbox"/> 74022</p> <p>AC JOINTS W/ & W/O WEIGHTS 2 views <input type="checkbox"/> 73050</p> <p>ANKLE Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73690 Complete 3 views <input type="checkbox"/> 73670</p> <p>BONE AGE 1 view <input type="checkbox"/> 77072</p> <p>BONE SURVEY Complete <input type="checkbox"/> 77075</p> <p>CERVICAL Limited 2 or 3 views <input checked="" type="checkbox"/> 72040 Complete w/min. 4 views <input type="checkbox"/> 72050 Complete w/flex & ext. 7 views <input type="checkbox"/> 72052</p> <p>CHEST Limited 1 view <input type="checkbox"/> 71045 Complete 2 views <input type="checkbox"/> 71046 Complete w/iodotic 3 views <input type="checkbox"/> 71047 Complete 4 views <input type="checkbox"/> 71048 Special views Decubitus <input type="checkbox"/> 71035</p> <p>CLAVICLE Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73090</p> <p>ELBOW Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73080</p> <p>FACIAL BONES .. Complete 3 or more views <input type="checkbox"/> 70150</p> <p>FEMUR Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73550</p> <p>FINGER(S) # .. Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73140</p> <p>FOOT Weight bearing 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73620 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73630</p> <p>FOREARM Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73090</p>	<p>HAND Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73130</p> <p>HEEL Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73650</p> <p>HIP Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73510 Bilateral 2 views (each hip) - R <input type="checkbox"/> L <input type="checkbox"/> 73520</p> <p>HUMERUS Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73060</p> <p>KNEE Limited 1 or 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73569 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73562 Complete 4 views - R <input type="checkbox"/> L <input type="checkbox"/> 73564 Both knees, AP standing - R <input type="checkbox"/> L <input type="checkbox"/> 73565</p> <p>LUMBAR Limited 2 or 3 views <input checked="" type="checkbox"/> 72180 Complete 4 views w/old <input type="checkbox"/> 72110 Complete w/bending 7 views <input type="checkbox"/> 72114 Limited w/bending 4 views .. <input type="checkbox"/> 72120</p> <p>MANDIBLE Limited 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 70180 Complete 4 views <input type="checkbox"/> 70110</p> <p>MASTOIDS Complete min. 3 views <input type="checkbox"/> 70130</p> <p>NASAL BONES .. Comp. min. 3 views <input type="checkbox"/> 70160</p> <p>NECK Soft tissue 2 views <input type="checkbox"/> 70360</p> <p>ORBITS Complete 4 views <input type="checkbox"/> 70200 MRI screening <input type="checkbox"/> 70930</p> <p>PELVIS Complete 1 or 2 views <input type="checkbox"/> 72170</p> <p>RIBS Unilateral 2 views <input type="checkbox"/> 71100 3 views includes PA chest (trauma) <input type="checkbox"/> 71101 Bilateral, 3 views <input type="checkbox"/> 71110 4 views includes PA chest <input type="checkbox"/> 71111</p>	<p>SACRUM & COCCYX. Min. 3 views <input type="checkbox"/> 72220</p> <p>SCAPULA 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73010</p> <p>SC JOINTS 3 views <input type="checkbox"/> 71130</p> <p>SHOULDER Complete, 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73030</p> <p>SI JOINTS Complete, 2 views <input type="checkbox"/> 72200</p> <p>SINUSES Limited 2 or less <input type="checkbox"/> 70210 Complete 3+ views <input type="checkbox"/> 70220</p> <p>SKULL Limited 3 views or less <input type="checkbox"/> 70250 Complete 4 views <input type="checkbox"/> 70260</p> <p>STERNUM Complete 2 views <input type="checkbox"/> 71120</p> <p>THORACIC 2 views <input checked="" type="checkbox"/> 72072</p> <p>THORACOLUMBAR. 2 views <input type="checkbox"/> 72080</p> <p>TIBIA/FIBULA (LOWER LEG) Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73590</p> <p>TMJ Bilateral open/closed <input type="checkbox"/> 70330</p> <p>TOE # Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73660</p> <p>WRIST Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73110</p> <p>INFANT X-RAY</p> <p>EXTREMITY Lower. 2 views <input type="checkbox"/> 73592</p> <p>EXTREMITY Upper. 2 views <input type="checkbox"/> 73092</p> <p>PELVIS & HIPS .. min. 2 views <input type="checkbox"/> 73540</p> <p>WRIST Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73100</p> <p>OTHER <input type="checkbox"/> 70200</p>
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REQUESTING PHYSICIAN

NAME SCARBOROUGH PAUL DR. NP# 1049289547 FAX RESULTS TO
 INDICATE REASON FOR STUDY P/D FL/PAIN/INTROLOGY SIGNATURE _____

FOR OFFICE USE ONLY

TECHNICIAN _____ TECHNIQUE _____ # OF VIEWS _____
 X-RAY SENT TO RADIOLOGIST _____ DATE X-RAY SENT 1/27/11 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: MALDONADO FELIX

DATE OF BIRTH: 07/31/1999

ID/MRN: 20260127133826795

CLINICIAN: SCARBOROUGH, PAUL, DR

FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC

DATE OF EXAM: 01/27/2026

HISTORY: M54.2-CERVICALGIA, M54.6-PAIN IN THORACIC SPINE, M54.59-OTHER LOW BACK PAIN, M25.511-PAIN IN RIGHT SHOULDER, M25.512-PAIN IN LEFT SHOULDER

SPINE CERVICAL X-RAY 2-3 view:

TECHNIQUE: 2 views of the cervical spine were obtained.

COMPARISON: None

FINDINGS:

Loss of cervical lordosis likely due to muscular spasm

Normal craniovertebral junction. Normal anterior atlantoaxial articulation. Normal odontoid process.

Normal cervical lordosis. Normal vertebral bodies and posterior osseous elements.

Normal disc space heights and vertebral endplates. Normal visualized intervertebral neuroforamina.

Normal visualized soft tissue structures.

IMPRESSION:

Loss of cervical lordosis likely due to muscular spasm.

No acute osseous process seen.

SPINE THORACIC X-RAY 2 view:

TECHNIQUE: 2 views of the thoracic spine were obtained.

COMPARISON: None.

FINDINGS:

Normal visualized thoracic vertebrae.

Normal disc space heights and vertebral endplates.

Normal kyphosis.

Normal visualized soft tissue structures.

IMPRESSION:

Normal plain film x-ray examination of the thoracic spine.

LUMBAR SPINE 2-3 View:

TECHNIQUE: 2 views of the lumbar spine were obtained.

COMPARISON: None

FINDINGS:

Normal lumbar lordosis. There is no substantial scoliosis.

T12-L1: Normal disc height. Normal endplates. Normal alignment of the vertebrae.

L1-2: Normal disc height. Normal endplates. Normal alignment of the vertebrae.

L2-3: Normal disc height. Normal endplates. Normal alignment of the vertebrae.

L3-4: Normal disc height. Normal endplates. Normal alignment of the vertebrae.

L4-5: Normal disc height. Normal endplates. Normal alignment of the vertebrae.

L5-S1: Normal disc height. Normal endplates. Normal alignment of the vertebrae.

The soft tissue structures are unremarkable.

IMPRESSION:

Normal x-ray examination of the lumbar spine.

LEFT SHOULDER X-Ray Complete 2 or more views:

TECHNIQUE: 2 views of the left shoulder.

COMPARISON: None.

FINDINGS:

Normal gleno-humeral articulation. Normal acromioclavicular joint. Normal acromion.

Normal humeral head and visualized proximal humerus. Normal visualized scapula.

There is no demonstrated soft tissue abnormality.

Normal visualized pulmonary apex.

IMPRESSION:

Normal x-ray examination of the left shoulder.

RIGHT SHOULDER X-Ray Complete 2 or more views:

TECHNIQUE: 2 views of the right shoulder.

COMPARISON: None.

FINDINGS:

Normal gleno-humeral articulation. Normal acromioclavicular joint. Normal acromion.

Normal humeral head and visualized proximal humerus. Normal visualized scapula.

There is no demonstrated soft tissue abnormality.

Normal visualized pulmonary apex.

IMPRESSION:

Normal x-ray examination of the right shoulder.

Electronically Signed By: Dr. Abbas Chamsuddin M.D. 01/29/2026 8:02:00 EST

Tech: Dynamic Mobile Xray Services LLC



DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 01/27/2014

YOUR INFORMATION

NAME MILDONADO FELIX D.O.B. 7/31/99 SS# _____ MALE FEMALE
 ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE (____) _____
 FACILITY (IF APPLICABLE) _____ ROOM# (A) _____ ADDRESS (A) _____ CITY _____ STATE _____ ZIP _____
 PRIMARY INSURANCE NAME _____ INSURANCE ID # _____
 SECONDARY INSURANCE NAME _____ INSURANCE ID # _____

PROCEDURE (Circle what is needed)

<p>ABDOMEN KUB 1 view <input type="checkbox"/> 74000 Complete 2 views <input type="checkbox"/> 74020 Acute w/chest 3 views <input type="checkbox"/> 74022</p> <p>AC JOINTS W/ & W/O WEIGHTS 2 views <input type="checkbox"/> 73950</p> <p>ANKLE Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73600 Complete 3 views <input type="checkbox"/> 73610</p> <p>BONE AGE 1 view <input type="checkbox"/> 77072</p> <p>BONE SURVEY .. Complete <input type="checkbox"/> 77075</p> <p>CERVICAL Limited 2 or 3 views <input checked="" type="checkbox"/> 72040 Complete w/min. 4 views <input type="checkbox"/> 72050 Complete w/flex & ext. 7 views <input type="checkbox"/> 72052</p> <p>CHEST Limited 1 view <input type="checkbox"/> 71045 Complete 2 views <input type="checkbox"/> 71046 Complete w/lordotic 3 views <input type="checkbox"/> 71047 Complete 4 views <input type="checkbox"/> 71048 Special views Decubitus <input type="checkbox"/> 71035</p> <p>CLAVICLE Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73000</p> <p>ELBOW Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73080</p> <p>FACIAL BONES.. Complete 3 or more views..... <input type="checkbox"/> 70150</p> <p>FEMUR Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73590</p> <p>FINGER(S) # .. Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73140</p> <p>FOOT Weight bearing 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73620 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73630</p> <p>FOREARM Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73090</p>	<p>HAND Complete 3 views - R <input type="checkbox"/> 73130</p> <p>HEEL Complete 2 views - R <input type="checkbox"/> 73650</p> <p>HIP Complete 2 views - R <input type="checkbox"/> 73510 Bilateral 2 views (each hip) - R <input type="checkbox"/> L <input type="checkbox"/> 73520</p> <p>HUMERUS Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73060</p> <p>KNEE Limited 1 of 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>LUMBAR Limited 2 or 3 views <input checked="" type="checkbox"/> 72100 Complete 4 views w/obl <input type="checkbox"/> 72110 Complete w/bending 7 views <input type="checkbox"/> 72114 Limited w/bending 4 views <input type="checkbox"/> 72120</p> <p>MANDIBLE Limited 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 70100 Complete 4 views <input type="checkbox"/> 70110</p> <p>MASTOIDS Complete min. 3 views <input type="checkbox"/> 70130</p> <p>NASAL BONES .. Comp. min. 3 views <input type="checkbox"/> 70160</p> <p>NECK Soft tissue 2 views <input type="checkbox"/> 70360</p> <p>ORBITS Complete 4 views <input type="checkbox"/> 70200 MRI screening <input type="checkbox"/> 70030</p> <p>PELVIS Complete 1 or 2 views <input type="checkbox"/> 72170</p> <p>RIBS Unilateral 2 views <input type="checkbox"/> 71100 3 views includes PA chest (trauma) <input type="checkbox"/> 71101 Bilateral, 3 views <input type="checkbox"/> 71110 4 views includes PA chest <input type="checkbox"/> 71111</p>	<p>SACRUM & COCCYX. Min. 3 views <input type="checkbox"/> 72220</p> <p>SCAPULA 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73010</p> <p>SC JOINTS 3 views <input type="checkbox"/> 71130</p> <p>SHOULDER Complete, 2 views - R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> 72030</p> <p>SI JOINTS Complete, 2 views <input type="checkbox"/> 73200</p> <p>SINUSES Limited 2 or less <input type="checkbox"/> 70210 Complete 3+ views <input type="checkbox"/> 70220</p> <p>SKULL Limited 3 views or less <input type="checkbox"/> 70250 Complete 4 views <input type="checkbox"/> 70260</p> <p>STERNUM Complete 2 views <input type="checkbox"/> 71120</p> <p>THORACIC 2 views <input checked="" type="checkbox"/> 72072</p> <p>THORACOLUMBAR. 2 views <input type="checkbox"/> 72080</p> <p>TIBIA/FIBULA (LOWER LEG) Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73590</p> <p>TMJ Bilateral open/closed <input type="checkbox"/> 70330</p> <p>TOE # Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73660</p> <p>WRIST Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73110</p> <p>INFANT X-RAY</p> <p>EXTREMITY Lower. 2 views <input type="checkbox"/> 73592</p> <p>EXTREMITY Upper. 2 views <input type="checkbox"/> 73092</p> <p>PELVIS & HIPS .. min. 2 views <input type="checkbox"/> 73540</p> <p>WRIST Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73100</p> <p>OTHER _____</p>
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REQUESTING PHYSICIAN

NAME SCARBOROUGH PAUL DR. NPI# 1049289547 FAX RESULTS TO _____
 INDICATE REASON FOR STUDY pt. Ex/pain/pathology SIGNATURE _____

FOR OFFICE USE ONLY

TECHNICIAN _____ TECHNIQUE _____ # OF VIEWS _____
 X-RAY SENT TO RADIOLOGIST _____ DATE X-RAY SENT 1/27/14 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: ALMONTE JORDY

DATE OF BIRTH: 06/17/2003

ID/MRN: 20260127131415711

CLINICIAN: SCARBOROUGH, PAUL, DR

FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC

DATE OF EXAM: 01/27/2026

HISTORY: M54.50-LOW BACK PAIN, UNSPECIFIED, M54.6-PAIN IN THORACIC SPINE, M25.511-PAIN IN RIGHT SHOULDER, M25.512-PAIN IN LEFT SHOULDER

SPINE THORACIC X-RAY 2 view:

COMPARISON: None.

FINDINGS:

The disc space heights are normal.

There are no acute abnormalities of alignment.

There is no radiographic evidence of acute fracture.

There are no gross lytic or blastic lesions in the bones.

There is no bony narrowing of the spinal canal.

IMPRESSION:

There is no radiographic evidence of acute disease.

If there is continued clinical concern, then cross-sectional imaging correlation may be of value because they are more accurate modalities.

LUMBAR SPINE 2-3 View:

COMPARISON: None.

FINDINGS:

The disc space heights are normal.

There are no acute abnormalities of alignment.

There is no radiographic evidence of acute fracture.

There are no gross lytic or blastic lesions in the bones.

There is no bony narrowing of the spinal canal.

IMPRESSION:

There is no radiographic evidence of acute disease.

If there is continued clinical concern, then cross-sectional imaging correlation may be of value because they are more accurate modalities.

LEFT SHOULDER X-Ray Complete 2 or more views:

COMPARISON: None.

FINDINGS:

There is no radiographic evidence of acute fracture.

There are no gross lytic or blastic lesions in the bones.

There is no abnormal radiopaque foreign body.

There is no dislocation.

The joint spaces are unremarkable.

IMPRESSION:

There is no radiographic evidence of acute disease.

RIGHT SHOULDER X-Ray Complete 2 or more views:

COMPARISON: None.

FINDINGS:

There is no radiographic evidence of acute fracture.
There are no gross lytic or blastic lesions in the bones.
There is no abnormal radiopaque foreign body.
There is no dislocation.
The joint spaces are unremarkable.

IMPRESSION:

There is no radiographic evidence of acute disease.

Electronically Signed By: William Betz M.D. 01/29/2026 10:08:58 EST

Tech: Dynamic Mobile Xray Services LLC



DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 01/27/20

YOUR INFORMATION

NAME ALMONTE JORDY D.O.B. 06/17/03 SSN MALE FEMALE

ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE (____) _____

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

PRIMARY INSURANCE NAME _____ INSURANCE ID # _____

SECONDARY INSURANCE NAME _____ INSURANCE ID # _____

PROCEDURE (Circle what is needed)

<p>ABDOMEN KUB 1 view <input type="checkbox"/> 74000 Complete 2 views <input type="checkbox"/> 74020 Acute w/chest 3 views <input type="checkbox"/> 74022</p> <p>AC JOINTS W/ & W/O WEIGHTS 2 views <input type="checkbox"/> 73050</p> <p>ANKLE Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73600 Complete 3 views <input type="checkbox"/> 73610</p> <p>BONE AGE 1 view <input type="checkbox"/> 77072</p> <p>BONE SURVEY .. Complete <input type="checkbox"/> 77075</p> <p>CERVICAL Limited 2 or 3 views <input type="checkbox"/> 72040 Complete w/min. 4 views <input type="checkbox"/> 72050 Complete w/flex & ext. 7 view <input type="checkbox"/> 72052</p> <p>CHEST Limited 1 view <input type="checkbox"/> 71045 Complete 2 views <input type="checkbox"/> 71046 Complete w/tordotic 3 views <input type="checkbox"/> 71047 Complete 4 views <input type="checkbox"/> 71048 Special views Decubitus <input type="checkbox"/> 71035</p> <p>CLAVICLE Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73090</p> <p>ELBOW Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73080</p> <p>FACIAL BONES .. Complete 3 or more views <input type="checkbox"/> 70150</p> <p>FEMUR Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73550</p> <p>FINGER(S) # .. Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73140</p> <p>FOOT Weight bearing 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73620 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73630</p> <p>FOREARM Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73090</p>	<p>HAND Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73130</p> <p>HEEL Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73050</p> <p>HIP Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73570 Bilateral 2 views (each hip) - R <input type="checkbox"/> L <input type="checkbox"/> 73520</p> <p>HUMERUS Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73060</p> <p>KNEE Limited 1 or 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73560 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73562 Complete 4 views - R <input type="checkbox"/> L <input type="checkbox"/> 73564 Both knees, AP standing - R <input type="checkbox"/> L <input type="checkbox"/> 73565</p> <p>LUMBAR Limited 2 or 3 views <input checked="" type="checkbox"/> 72160 Complete 4 views w/abi <input type="checkbox"/> 72170 Completes w/bending 7 views <input type="checkbox"/> 72174 limited w/bending 4 views <input type="checkbox"/> 72170</p> <p>MANDIBLE Limited 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 70160 Complete 4 views <input type="checkbox"/> 70170</p> <p>MASTOIDS Complete min. 3 views <input type="checkbox"/> 70150</p> <p>NASAL BONES .. Comp. min. 3 views <input type="checkbox"/> 70160</p> <p>NECK Soft tissue 2 views <input type="checkbox"/> 70360</p> <p>ORBITS Complete 4 views <input type="checkbox"/> 70200 MRI screening <input type="checkbox"/> 70030</p> <p>PELVIS Complete 1 or 2 views <input type="checkbox"/> 72170</p> <p>RIBS Unilateral 2 views <input type="checkbox"/> 71100 3 views includes PA chest (trauma) <input type="checkbox"/> 71101 Bilateral, 3 views <input type="checkbox"/> 71110 4 views includes PA chest <input type="checkbox"/> 71111</p>	<p>SACRUM & COCCYX. Min. 3 views <input type="checkbox"/> 72220</p> <p>SCAPULA 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73010</p> <p>SC JOINTS 3 views <input type="checkbox"/> 71130</p> <p>SHOULDER Complete, 2 views - R <input checked="" type="checkbox"/> L <input type="checkbox"/> 73030</p> <p>SI JOINTS Complete, 2 views <input type="checkbox"/> 72200</p> <p>SINUSES Limited 2 or less <input type="checkbox"/> 70210 Complete 3+ views <input type="checkbox"/> 70220</p> <p>SKULL Limited 3 views or less <input type="checkbox"/> 70250 Complete 4 views <input type="checkbox"/> 70260</p> <p>STERNUM Complete 2 views <input type="checkbox"/> 71120</p> <p>THORACIC 2 views <input checked="" type="checkbox"/> 72072</p> <p>THORACOLUMBAR. 2 views <input type="checkbox"/> 72080</p> <p>TIBIA/FIBULA (LOWER LEG) Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73590</p> <p>YMJ Bilateral open/closed <input type="checkbox"/> 70330</p> <p>TOE # Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73660</p> <p>WRIST Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73110</p> <p>INFANT X-RAY</p> <p>EXTREMITY Lower. 2 views <input type="checkbox"/> 73592</p> <p>EXTREMITY Upper. 2 views <input type="checkbox"/> 73092</p> <p>PELVIS & HIPS .. min. 2 views <input type="checkbox"/> 73540</p> <p>WRIST Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73100</p> <p>OTHER</p>
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REQUESTING PHYSICIAN

NAME SCARBOROUGH PAUL DR. NPI# 1049289547 FAX RESULTS TO 73110

INDICATE REASON FOR STUDY A/D FX/PAIN/PATHOLOGY SIGNATURE [Signature]

FOR OFFICE USE ONLY

TECHNICIAN _____ TECHNIQUE _____ # OF VIEWS _____

X-RAY SENT TO RADIOLOGIST _____ DATE X-RAY SENT 1/1 PATIENT ID # _____ # OF CD _____

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

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: BERROCAL ARMANI
DATE OF BIRTH: 11/13/1998
ID/MRN: 20260127132231712
CLINICIAN: SCARBOROUGH, PAUL, DR
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 01/27/2026
HISTORY: M54.2-CERVICALGIA, M54.6-PAIN IN THORACIC SPINE, M54.59-OTHER LOW BACK PAIN

SPINE CERVICAL X-RAY 2-3 view:

COMPARISON:

None

BONES:

No acute fracture or focal osseous lesion.

Bony alignment is anatomic.

DISCS/DEGENERATIVE CHANGES:

The disc spaces are preserved.

SOFT TISSUES:

No concerning soft tissue finding.

IMPRESSION:

No acute osseous process.

SPINE THORACIC X-RAY 2 view:

COMPARISON:

None

BONES:

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

Bony alignment is anatomic.

DISCS/DEGENERATIVE CHANGES:

The disc spaces are preserved.

SOFT TISSUES:

No concerning soft tissue finding.

IMPRESSION:

No acute osseous process.

LUMBAR SPINE 2-3 View:

COMPARISON:

None

BONES:

No acute fracture or focal osseous lesion.

Bony alignment is anatomic.

DISCS/DEGENERATIVE CHANGES:

The disc spaces are preserved.

SOFT TISSUES:

No concerning soft tissue finding.

IMPRESSION:

No acute osseous process.

LEFT SHOULDER X-Ray Complete 2 or more views:

COMPARISON:

None

BONES:

No new fracture or concerning focal osseous lesion.

JOINTS:

No dislocation. The joint spaces are normal.

SOFT TISSUES:

No concerning soft tissue finding.

IMPRESSION:

No acute osseous process.

Electronically Signed By: Dr. Asif Anwar M.D. 01/29/2026 9:42:21 EST

Tech: Dynamic Mobile Xray Services LLC

