

3/17/2025

LIST OF SELECTED PATIENTS

Name : ADORARE, CAIRO Phone: 917-808-0680  
Address : 1317 HICKS STREET BRONX, NY 10469 Active

D.O.A. : 3/14/202 Place Of Accident : N/A

SSN: 435-59-3039 DOB: 9/27/1985 Marital Status: U Policy Holder: NO

Policy Holder N/A, N/A Address: N/A

Ins. Company: GEICO Phone : 888-841-3000  
Ins. Address: P.O. BOX 9507, FREDERICKSBURG, VA 22403  
Policy Number: N/A Claim Number : N/A

Adjuster Info: N/A

**DYNAMIC MOBILE XRAY SERVICES LLC**

3412 BLUESTONE LANE  
E STROUDSBURG, PA 18301-0000  
(201) 952-6420  
dynamicmobilexrays@gmail.com  
**Radiology Interpretation**

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**PATIENT NAME:** CAIRO ADORARE

**DATE OF BIRTH:** 09/27/1985

**ID/MRN:** 20250317003

**CLINICIAN:** AMANZE, STELLA . PA

**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC

**DATE OF EXAM:** 03/17/2025

**HISTORY:** S02.92XA-CLOSED FRACTURE OF OTHER FACIAL BONES.

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**FACIAL BONES X-RAY 3V:**

Comparison: None

**FINDINGS:**

Multiple views of the skull/face demonstrate no overt fracture or dislocation. The nasal septum is midline. The soft tissues are unremarkable.

If there is further concern, a CT face/head may be performed for complete assessment.

**IMPRESSION:**

**No acute fracture or dislocation of the skull/face.**

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**Electronically Signed By:** Dr. Lan Vu M.D. 03/29/2025 1:25:06 EDT

**Tech:** Dynamic Mobile Xray Services LLC

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**ID:** EC28517472-20250330191806-67e9df3e6c2fc



**MOBILE EXAM ORDER FORM**

**PATIENT INFORMATION:**

NAME Cara Adovane STAT   
 D.O.B. \_\_\_\_\_ SS# \_\_\_\_\_  MALE  FEMALE  
 PATIENT ADDRESS or FACILITY NAME \_\_\_\_\_ ROOM # \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
 PRIMARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_  
 SECONDARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

**X-RAYS:** (Mark what is needed)

**CHEST AND ABDOMEN**

- Abdominal KUB 1 View ..... 74016
- Abdominal Flat & Upright 2 View ..... 7402
- Chest 1 View ..... 71045
- Chest AP / LAT ..... 71046
- Ribs 2 View  (R) .....  (L) ..... 71100
- Ribs UNILATERAL + PA Chest 3 View ..... 71101
- Ribs BILATERAL + PA Chest 4 View ..... 71111

**HEAD AND NECK**

- Skull ..... 70250
- Facial Bones 3 View ..... 70150
- Orbits 4 View ..... 70200
- Nasal Bones 3 View ..... 70160
- Mandible  (R) .....  (L) ..... 70100
- Sinuses ..... 70210

**UPPER EXTREMITIES**

- Clavicle 2 View  (R) .....  (L) ..... 73000
- Scapula 2 View  (R) .....  (L) ..... 73010
- Shoulder 2 View  (R) .....  (L) ..... 73030
- Humerus 2 View  (R) .....  (L) ..... 73060
- Elbow 3 View  (R) .....  (L) ..... 73080
- Forearm 2 View  (R) .....  (L) ..... 73090
- Wrist 3 View  (R) .....  (L) ..... 73110
- Hand 3 View  (R) .....  (L) ..... 73130
- Fingers 2 View  (R) .....  (L) ..... 73140

**SPINE AND PELVIS**

- Cervical Spine AP / LAT ..... 72040
- Thoracic Spine 3 View ..... 72072
- Lumbar Spine 2-3 View ..... 72100
- Pelvis 1-2 View ..... 72170
- Sacrum Coccyx ..... 72220

Reason for study: \_\_\_\_\_

**UPPER EXTREMITIES**

- HIP BILATERAL 4 View ..... 73520
- HIP AP / LAT  (R) .....  (L) ..... 73501
- Femur 2 View  (R) .....  (L) ..... 73550
- Knee 1-2 View  (R) .....  (L) ..... 73560
- Knee 3 View  (R) .....  (L) ..... 73562
- Tibia / Fibula 2 View  (R) .....  (L) ..... 73590
- Ankle 3 View  (R) .....  (L) ..... 73610
- Foot 3 View  (R) .....  (L) ..... 73630
- Heel 2 View  (R) .....  (L) ..... 73650
- Toes 2 View  (R) .....  (L) ..... 73660

Other: \_\_\_\_\_

**Ultrasounds:** (Mark what is needed)

**Vascular Studies ( Rule out DVT )**

- Venous Upper (Bilat) .... (R) .... (L)..... 93970/93971
- Venous Lower (Bilat) .... (R) .... (L)..... 93970/93971
- Arterial Upper (Bilat) .... (R) .... (L)..... 93930/93931
- Arterial Lower (Bilat) .... (R) .... (L)..... 93925/93926
- Arterial with Ankle-Brachial Index (ABI) .... 93922

**Pelvic**

- Pelvic\*\* ..... 76856
- Pelvic Non-OB \*\* ..... 76856
- Testicular / Scrotum ..... 76870
- Soft Tissue Groin ..... 76882

**Breast**

- Breast (Bilat)..... (R) ..... (L) ..... 76642/76641

Other: \_\_\_\_\_

\* Abdominal Ultrasounds require patient not eat or drink at least 6 Hours prior to exam

\*\* Pelvic Ultrasounds require the patient to have a full urinary bladder.

**Head and Neck**

- Thyroid ..... 76536
- Neck Soft tissue ..... 76536
- R Carotid Duplex Doppler ... 93880

Reason for study: \_\_\_\_\_

**Abdomen**

- Complete Abdominal \* ..... 76770
- AORTA / AAA ..... 76706
- Renal ..... 76770
- Bladder \*\* ..... 76857

**CARDIAC STUDIES:**

- EKG ..... 93000
- Holter Monitor 24 HR ..... 93226
- Echocardiogram ..... 93306
- Pacemaker check ..... 93295

**REQUESTING PHYSICIAN:**

NAME Stella Hyman NPI # \_\_\_\_\_ FAX # \_\_\_\_\_

SIGNATURE [Signature] TODAY'S DATE 3/17/25

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
ASSIGNMENT OF BENEFITS FORM

(FOR ACCIDENTS OCCURRING ON AND AFTER 3/1/02)

Claim Number: \_\_\_\_\_

I, Cairo Adorare ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS, ("Assignee")  
(Print patient's name) (Print hospital or health care provider name)  
all rights privileges and remedies to payment for health care services provided by assignee to which I am  
entitled under Article 51 (the No-Fault statute) of the Insurance Law.

The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and  
shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained  
due to the motor vehicle accident which occurred on \_\_\_\_\_, not withstanding any other agreement  
(Print accident date)  
to the contrary.

This agreement may be revoked by the assignee when benefits are not payable based upon the assignor's lack  
of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON  
FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR  
PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE  
PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO,  
IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS,  
SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR  
CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR  
VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND  
SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF  
THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

Cairo Adorare  
(Print name of Patient)

\_\_\_\_\_  
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

3412 BLUESTONE LANE  
EAST STROUDSBURG PA 18301  
(Address of Provider)

[Signature]  
(Signature of Patient)

3/17/25  
(Date of signature)

[Signature]  
(Signature of Provider)

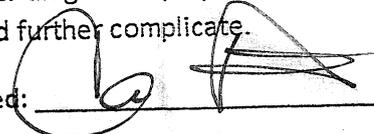
3/17/25  
(Date of signature)

DYNAMIC MOBILE XRAY SERVICES LLC  
3412 BLUESTONE LANE  
EAST STROUDSBURG PA 18301  
Tel: (570) 243-1888

**X-Ray Consent Form**

**Parent Consent To X-Ray:**

I hereby authorize the performance of diagnostic x-rays. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

f Signed:  Date: 03.17.2025

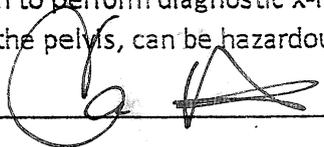
**Consent To X-Ray:**

A Minor I am a parent or legal guardian of \_\_\_\_\_ who is a minor, \_\_\_\_\_ years of age. I hereby authorize the performance of diagnostic x-rays of said minor. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

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

**Females: Regarding Possibility of Pregnancy**

This is to certify that, to the best of my knowledge, I am NOT pregnant. The doctor has permission to perform diagnostic x-rays. I am aware that taking x-rays, particularly those involving the pelvis, can be hazardous to an unborn child.

f Signed:  Date: 03.17.2025