

 Mobile X-Rays  
(201-952-6420)

Location 3060 East Fenwick  
DOS 08/24/25  
Number of Patients 5 P.T.

Patients Name:	Exam Done: (Circle each one Below)
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- |     |                      |
|-----|----------------------|
| 1.  | Torres Libeth        |
| 2.  | Garcia Carlos Edison |
| 3.  | Escobar Jahziel      |
| 4.  | Jesus Raphael        |
| 5.  | Mendez Jose          |
| 6.  |                      |
| 7.  |                      |
| 8.  |                      |
| 9.  |                      |
| 10. |                      |
| 11. |                      |
| 12. |                      |
| 13. |                      |
| 14. |                      |
| 15. |                      |
| 16. |                      |
| 17. |                      |
| 18. |                      |
| 19. |                      |
| 20. |                      |

**(01039)-Garcia Carlos Edwin**

03/24/2025

Date of Birth - 09/22/1979 Sex - Male Marital Status - Single

Address: 935 Waring Ave #3C, Bronx, NY, 10469  
Phone #: (929) 385-0791

Social Security# -

Employer or Company Name: GoBolt  
Address:  
Emergency Name: 9296859602  
Work Phone #:

Date of Accident - 01/29/2025  
Time/Place Accident - 1st Ave  
Date of Visit - 02/04/2025  
Condition Related to : Auto Accident

Insurance Company : State Farm Insurance Company  
Address: P.O. BOX 16170  
ATLANTA, GA, 30348  
Phone: Fax:

Claim# - 3280G497F  
Claim Address - P.O BOX 52250  
PHOENIX AZ

Policy Effective Date -  
Policy# - 3549351-D24--32  
Policy holder - Gracia Carlos  
WCB# -  
Carrier case # -

Attorney - Nataliya Borushchak, P.C. Firm Name - Nataliya Borushchak, P.C.  
Attorney Address - 2663 Coney Island ave 2Floor Brooklyn NY 11223  
Attorney Phone - 212.714.2100 Fax - 212.563.1940  
Contact Person -

Other Insurance -  
Medicare -

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### DYNAMIC MOBILE XRAY SERVICES LLC

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

#### Radiology Interpretation

**PATIENT NAME:** CARLOS EDWIN GARCIA  
**DATE OF BIRTH:** 09/22/1979  
**ID/MRN:** 20250324005  
**CLINICIAN:** DR. ROOK, ROBERT  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 03/24/2025  
**HISTORY:** M25.511-PAIN IN RIGHT SHOULDER, M79.641-PAIN IN RIGHT HAND

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

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

**IMPRESSION:**

**Negative right shoulder.**

**RIGHT HAND X-Ray - 3 view:**

RIGHT HAND: There are no signs of fracture or dislocation There is no evidence of bone or joint pathology. Dislocation

**IMPRESSION:**

**Negative right hand.**

**Electronically Signed By:** Steven Brownstein MD 03/27/2025 22:12:16 EDT

**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 EXAM ORDER FORM**

**PATIENT INFORMATION:**

NAME Carlos Edwin 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 ..... 74018
- 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

**Abdomen**

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

**Pelvic**

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

**Head and Neck**

- Thyroid ..... 76536
- Neck Soft tissue ..... 76536
- RCarotid Duplex Doppler ..... 93880

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

**Breast**

- Breast (Bilat) .....  (R) .....  (L) ..... 76842/76841

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.

**CARDIAC STUDIES:**

- EKG ..... 93000
- Holter Monitor 24 HR ..... 93228
- Echocardiogram ..... 93306
- Pacemaker check ..... 93293

**REQUESTING PHYSICIAN:**

NAME ROBERT ROOK NPI # 1295026136  
 SIGNATURE [Signature] TODAY'S DATE 3/24/25 FAX # \_\_\_\_\_

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 other health issues to make X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

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

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

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

I, L. Carla E. Garcia ("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.

L. Carla E. Garcia  
(Print name of Patient)

[Signature]  
(Signature of Patient)

X 3/24/25  
(Date of signature)

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

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE

03/24/2025  
(Date of signature)

EAST STROUDSBURG PA 18301  
(Address of Provider)

**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.

Signed:  Date: 03/24/2025

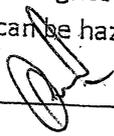
**Consent To X-Ray:**

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: 03/24/2025

**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.

Signed:  Date: 03/24/2025

**(01040)-Torres Lisbeth**

03/24/2025

Date of Birth - 02/17/1977 Sex - Female Marital Status - Single

Address: 935 Waring Ave #3c, Bronx, NY, 10469  
Phone #: (929) 685-9602

Social Security# -

Employer or Company Name: GoBolt

Address:

Emergency Name: Carlos Garcia (929)385-0781  
Work Phone #:

Date of Accident - 01/29/2025

Time/Place Accident - 1st Ave

Date of Visit - 02/04/2025

Condition Related to : Auto Accident

Insurance Company : State Farm Insurance Company

Address: P.O. BOX 16170

ATLANTA, GA, 30348

Phone: Fax:

Claim# - 3280G497F

Claim Address - P.O BOX 52250  
PHOENIX AZ

Policy Effective Date -

Policy# - 3549351-D24--32

Policy holder - Gracia Carlos

WCB# -

Carrier case # -

Attorney - Michelle Klafter, P.C. Firm Name - Law Office of Mitchell Klafter p.c.

Attorney Address - 22-15 street 2nd floor Astoria NY 11105

Attorney Phone - 718.721.5740 Fax - 718.465.1160

Contact Person -

Other Insurance -

Medicare -

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

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

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

I, Lesbeth Torres ("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 03/24/25, not withstanding any other agreement  
to the contrary. (Print accident date)

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.

Lesbeth Torres  
(Print name of Patient)

Lesbeth Torres  
(Signature of Patient)

03/24/25  
(Date of signature)

935 Working Owl Blvd  
10469 (Address of Patient) opt 3c

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE

03/24/2025  
(Date of signature)

EAST STROUDSBURG PA 18301  
(Address of Provider)

### DYNAMIC MOBILE XRAY SERVICES LLC

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

#### Radiology Interpretation

**PATIENT NAME:** LISBETH TORRES  
**DATE OF BIRTH:** 02/17/1977  
**ID/MRN:** 20250324002  
**CLINICIAN:** DR. ROOK, ROBERT  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 03/24/2025  
**HISTORY:** M25.511-PAIN IN RIGHT SHOULDER, M25.562-PAIN IN LEFT KNEE

**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.

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

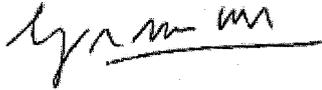
Left KNEE:

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.

Electronically Signed By: Dr. Yasser Mir M.D. 03/27/2025 23:19:15 EDT



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 EXAM ORDER FORM**

**PATIENT INFORMATION:**

NAME Torres Usbun 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 ..... 74018
- 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 ..... 70180
- 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) ..... 73080
- 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) ..... 73680

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

**Ultrasonounds: (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

**Abdomen**

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

**Pelvic**

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

**Head and Neck**

- Thyroid ..... 76536
- Neck Soft tissue ..... 76536
- RCarotid Duplex Doppler ..... 93880

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

**Breast**

- Breast (Bilat) .....  (R) .....  (L) ..... 76842/76841

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

\* Abdominal Ultrasonounds require patient not eat or drink at least 6 Hours prior ro exam

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

**CARDIAC STUDIES:**

- EKG ..... 93000
- Holter Monitor 24 HR ..... 93228
- Echocardiogram ..... 93308
- Pacemaker check ..... 93293

**REQUESTING PHYSICIAN:**

NAME ROBERT ROOK NPI # 1295026136 FAX # \_\_\_\_\_  
SIGNATURE [Signature] TODAY'S DATE 3/24/23

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 other medical conditions. This test is medically necessary for the diagnosis and treatment of this patient.

**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.

Signed: Lebeth Toms Date: 03/24/2025

**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: 03/24/2025

**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.

Signed: Lebeth Toms Date: 03/24/2025

03/24/2025

**(01032)-Jesus Rafael**

Date of Birth - 05/08/1990 Sex - Male Marital Status - Single

Address: 1824 Monroe Ave #1A, The Bronx, NY, 10457  
Phone #: (929) 263-9878

Social Security# - 000-00-0000

Employer or Company Name: N/A

Address: N/A

Emergency Name:

Work Phone #:

Date of Accident - 01/13/2025

Time/Place Accident - ryle ave Z

Date of Visit - 01/14/2025

Condition Related to : Auto Accident

Insurance Company : Progressive  
Address:

Phone: Fax:

Claim# - 25-902684201

Policy Adjuster - vanessa cross 518-560-3515

Policy Effective Date -

Policy# -

Policy holder -

WCB# -

Carrier case # -

Attorney - Michelle Klafter, P.C. Firm Name - Law Office of Mitchell Klafter p.c.

Attorney Address - 36-36 33rd St Suite 307 long Island City Ny 11106

Attorney Phone - 718-465-1160 Fax - Contact Person -

Other Insurance -

Medicare -

### DYNAMIC MOBILE XRAY SERVICES LLC

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

#### Radiology Interpretation

**PATIENT NAME:** RAFEAL JESUS  
**DATE OF BIRTH:** 05/08/1990  
**ID/MRN:** 20250324003  
**CLINICIAN:** DR. ROOK, ROBERT  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 03/24/2025  
**HISTORY:** M25.512-PAIN IN LEFT SHOULDER, M25.561-PAIN IN RIGHT KNEE

**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.**

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

RIGHT KNEE: There is no evidence of bone or joint pathology. There are no signs of fracture or Dislocation

**IMPRESSION:**

**Negative right knee.**

**Electronically Signed By:** Steven Brownstein MD 03/27/2025 22:05:44 EDT

**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 EXAM ORDER FORM**

**PATIENT INFORMATION:**

NAME Lateal Jesus 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 ..... 74018
- 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 ..... 70180
- 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) ..... 73080
- 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

**Abdomen**

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

**Pelvic**

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

**Head and Neck**

- Thyroid ..... 76536
- Neck Soft tissue ..... 76536
- RCarotid Duplex Doppler ..... 93880

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

**Breast**

- Breast (Bilat) .....  (R) .....  (L) ..... 76842/76841

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.

**CARDIAC STUDIES:**

- EKG ..... 93000
- Holter Monitor 24 HR ..... 93228
- Echocardiogram ..... 93306
- Pacemaker check ..... 93293

**REQUESTING PHYSICIAN:**

NAME ROBERT ROOK NPI # 1295026136 FAX # \_\_\_\_\_  
 SIGNATURE [Signature] TODAY'S DATE ROBERT ROOK 03/24/25

**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 chronic illness, to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

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

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

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

J. R. Freddes ("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.

J. R. Freddes  
(Print name of Patient)

[Signature]  
(Signature of Patient)

03/26/25  
(Date of signature)

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

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE

03/24/2025  
(Date of signature)

EAST STROUDSBURG PA 18301  
(Address of Provider)

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.

Signed: BO FOEL VESUS Date: 03/24/2025

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: 03/24/2025

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.

Signed: BO FOEL VESUS Date: 03/24/2025

03/24/2025

**(01047)-Mendez Jose A**

Date of Birth - 11/21/1978 Sex - Male Marital Status - Single

Address: 511 E 146th St 4B, Bronx, NY, 10455  
Phone #: (347) 779-7946

Social Security# - 598-44-7261

Employer or Company Name: n/a  
Address: n/a  
Emergency Name:  
Work Phone #:

Date of Accident - 02/14/2025  
Time/Place Accident - St Anns Ave  
Date of Visit - 02/19/2025  
Condition Related to : Auto Accident

Insurance Company : StateFarm  
Address:

Phone: Fax:

Claim# - 32-80R2-32W  
Claim Address - PO BOX 106171  
ATLANTA, GA, 30348

Policy Effective Date -  
Policy# - 201-8699-A20-32  
Policy holder - Mota Sandy  
WCB# -  
Carrier case # -

Attorney - Michelle Klafter, P.C. Firm Name - Law Office of Mitchell Klafter p.c.  
Attorney Address - 22-15 street 2nd floor Astoria NY 11105  
Attorney Phone - 718.721.5740 Fax - 718.465.1160

Contact Person -

Other Insurance -  
Medicare -

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**DYNAMIC MOBILE XRAY SERVICES LLC**

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

**Radiology Interpretation**

**PATIENT NAME:** JOSE MENDEZ  
**DATE OF BIRTH:** 11/21/1978  
**ID/MRN:** 20250324001  
**CLINICIAN:** DR. ROOK, ROBERT  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 03/24/2025  
**HISTORY:** M25.511-PAIN IN RIGHT SHOULDER, M25.562-PAIN IN LEFT KNEE

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

Anchoring screws of the glenoid noted. No fracture subluxation noted. Hickman device identified distal tip in the right atrium.

**IMPRESSION:**

**No acute bony abnormalities noted.**

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

LEFT KNEE: There is no evidence of bone or joint pathology. There are no signs of fracture or Dislocation.

**IMPRESSION:**

**Negative left knee.**

**Electronically Signed By:** Steven Brownstein MD 03/27/2025 22:02:18 EDT

**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 EXAM ORDER FORM**

**PATIENT INFORMATION:**

NAME JOSE MENDOZA 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 ..... 74018
- 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 ..... 70180
- 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) ..... 73650
- Knee 1-2 View .....  (R) .....  (L) ..... 73660
- Knee 3 View .....  (R) .....  (L) ..... 73582
- 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

**Abdomen**

- Complete Abdominal\* ..... 76770
- AORTA / AAA ..... 76708
- Renal ..... 76770
- Bladder\*\* ..... 76867

**Pelvic**

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

**Head and Neck**

- Thyroid ..... 76536
- Neck Soft tissue ..... 76536
- RCarotid Duplex Doppler ..... 93880

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

**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.

**CARDIAC STUDIES:**

- EKG ..... 93000
- Holter Monitor 24 HR ..... 93228
- Echocardiogram ..... 93306
- Pacemaker check ..... 93293

**REQUESTING PHYSICIAN:**

NAME ROBERT ROOK NPI # 1295026136 FAX # \_\_\_\_\_  
 SIGNATURE [Signature] TODAY'S DATE 3/24/23

**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.

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

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

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

J. Sc ("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.

J. Sc  
(Print name of Patient)

J. Sc  
(Signature of Patient)

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

3/24/25  
(Date of signature)

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

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

03/24/2025  
(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.

Signed: [Signature] Date: 03/24/2025

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: 03/24/2025

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.

Signed: \_\_\_\_\_ Date: 03/24/2025

03/24/2025

**(01007)-Escobar Jahziel**

Date of Birth - 05/28/2005 Sex - Male Marital Status - Single

Address: 1948 Wallace Ave Apt A3, Bronx, NY, 10462

Phone #: (347) 835-1673

Social Security# - 106-94-8208

Employer or Company Name: Macys

Address:

Emergency Name: 347-301-6012

Work Phone #:

Date of Accident - 09/16/2024

Time/Place Accident - Blondell Ave & Eastchester Ave

Date of Visit - 09/19/2024

Condition Related to : Auto Accident

Insurance Company : StateFarm

Address:

Phone: Fax:

Claim# - 32-74Q735F

NF-2 - No

Policy Effective Date -

Policy# -

Policy holder -

WCB# -

Carrier case # -

Attorney - David Horowitz Firm Name - David Horowitz, P.C Attorneys at Law

Attorney Address - 171 Madison Avenue Suite 1300 New York, NY 10016

Attorney Phone - (212) 684-3630 Fax - 212- 658- 8617

Contact Person -

Other Insurance -

Medicare -

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# DYNAMIC MOBILE XRAY SERVICES LLC

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

## Radiology Interpretation

**PATIENT NAME:** JAHZIEL ESCOBAR  
**DATE OF BIRTH:** 05/28/2005  
**ID/MRN:** 20250324004  
**CLINICIAN:** DR. ROOK, ROBERT  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 03/24/2025  
**HISTORY:** M25.562-PAIN IN LEFT KNEE, M25.512-PAIN IN LEFT SHOULDER, M25.511-PAIN IN RIGHT SHOULDER

### 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.

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

No fracture subluxation noted. There is calcification noted adjacent to the distal end of the clavicle.

#### IMPRESSION:

Soft tissue calcification noted adjacent to the distal clavicle remainder study unremarkable.

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

LEFT KNEE: There is no evidence of bone or joint pathology.  
There are no signs of fracture or  
Dislocation

#### IMPRESSION:

Negative left knee.

**Electronically Signed By:** Steven Brownstein MD 03/27/2025 22:07:24 EDT

**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 EXAM ORDER FORM**

**PATIENT INFORMATION:**

NAME Jahziel Eglwan 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 ..... 74038
- 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) ..... 70390
- 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

**Abdomen**

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

**Pelvic**

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

**Head and Neck**

- Thyroid ..... 76536
- Neck Soft tissue ..... 76536
- RCarotid Duplex Doppler ..... 93880

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

**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.

**CARDIAC STUDIES:**

- EKG ..... 93000
- Holter Monitor 24 HR ..... 93228
- Echocardiogram ..... 93306
- Pacemaker check ..... 93293

**REQUESTING PHYSICIAN:**

NAME ROBERT ROOK NPI # 1295026136 FAX # \_\_\_\_\_  
SIGNATURE [Signature] TODAY'S DATE 3/24/25

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 disability to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

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

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

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

I, Jahziel Escobar ("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.

Jahziel Escobar  
(Print name of Patient)

Jahziel  
(Signature of Patient)

03/24/25  
(Date of signature)

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

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE

03/24/2025  
(Date of signature)

EAST STROUDSBURG PA 18301  
(Address of Provider)

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.

Signed: Janelle E Date: 03/24/2025

**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: 03/24/2025

**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.

Signed: J Date: 03/24/2025