

3060 East Tremont

DAILY SIGN IN

3060 E. TREMONT AVE,

BRONX, NY 10461

DATE: 05/28/25

PLEASE PRINT NAME

PATIENT NAME		PATIENT NAME	
1.	Collado Ashley	21.	
2.	Martinez Astne	22.	
3.	Mercedez Wendy	23.	
4.	Garcia Jeremy	24.	
5.	Smith Famaris	25.	
6.	Fernandez Jonathan	26.	
7.	Fernandez Howard	27.	
8.	Monego Juan	28.	
9.		29.	
10.		30.	
11.		31.	
12.		32.	
13.		33.	
14.		34.	
15.		35.	
16.		36.	
17.		37.	
18.		38.	
19.		39.	
20.		40.	

5/28/2025

(01070)-Collado Ashley M

Date of Birth - 6/14/2005 Sex - Female Marital Status - Single

Address: 915 E 213th St, The Bronx, NY, 10469
Phone #: (646) 975-7265

Social Security# - 108-94-6316

Employer or Company Name: N/A

Address: N/A

Emergency Name: 631-633-8240 Austin Martinez
Work Phone #:

Date of Accident - 4/24/2025
Time/Place Accident - Givan & Seymour Ave
Date of Visit - 4/25/2025
Condition Related to : Auto Accident

progressive

Insurance Company :
Address:

Phone: Fax:

Claim# - 25-758989080
Claim Address - 725 Broadway
Albany, NY 12207

NF-2 - Yes
Policy Effective Date -
Policy# - 994009415
Policy holder - Mercedes Wendy
WCB# -
Carrier case # -

Attorney - Firm Name -
Attorney Address -
Attorney Phone - 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: COLLADO ASHLEY**DATE OF BIRTH:** 06/14/2005**ID/MRN:** 20250528170829411**CLINICIAN:** DR. ROOK, ROBERT**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC**DATE OF EXAM:** 05/28/2025**HISTORY:** M25.511-PAIN IN RIGHT SHOULDER, M25.512-PAIN IN LEFT SHOULDER, M54.6-PAIN IN THORACIC SPINE

SPINE THORACIC X-RAY 2 view:

The vertebral bodies appear of normal height. Disc spaces well-maintained. Neural foramina for patent. No paraspinal soft tissue mass noted. Tilt of the thoracic column to left noted.

IMPRESSION:

Tilt of the thoracic column to left noted

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:

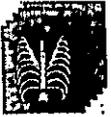
RIGHT SHOULDER: The bones and joints of the right shoulder appear normal. There is no evidence of fracture, dislocation or separation. There are no soft tissue calcifications

IMPRESSION:

Negative right shoulder.

Electronically Signed By: Steven Brownstein MD 06/03/2025 18:02:33 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 Collado Ashley 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 74019
- Abdominal Flat & Upright 2 View 7432
- 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 7111

HEAD AND NECK

- Skull 70260
- Facial Bones 3 View 70150
- Orbits 4 View 70200
- Nasal Bones 3 View 70300
- 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) 73080
- 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 2 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) 73580
- 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) 73680

Other: _____

Ultrasounds (Mark what is needed)

Vascular Studies (Rule out DVT)

- Venous Upper (Bilat) (R) ... (L) 83970/83971
- Venous Lower (Bilat) (R) ... (L) 83970/83971
- Arterial Upper (Bilat) (R) ... (L) 83920/83921
- Arterial Lower (Bilat) (R) ... (L) 83920/83921
- Arterial with Ankle-Brachial Index (ABI) 83922

Abdomen

- Complete Abdominal * 78770
- AORTA / AAA 78700
- Renal 78770
- Bladder ** 78867

Pelvic

- Pelvic ** 78868
- Pelvic Non-OB ** 78868
- Testicular / Scrotum 78870
- Soft Tissue Groin 78882

Head and Neck

- Thyroid 78836
- Neck Soft tissue 78838
- Carotid Duplex Doppler 83880

Reason for study: _____

Breast

- Breast (Bilat) (R) (L) 78842/78841

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 83000
- Holter Monitor 24 HR 83220
- Echocardiogram 83300
- Pacemaker check 83293

REQUESTING PHYSICIAN

NAME ROBERT ROOK NPI # 1295026136 FAX # _____
 SIGNATURE Robert Rook TODAY'S DATE 05/28/25

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

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

Claim Number: _____

ASHLEY COLLADO, ("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.

ASHLEY COLLADO
(Print name of Patient)

ASHLEY COLLADO
(Signature of Patient)
05/28/25
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

[Signature]
(Signature of Provider)
05/28/25
(Date of signature)

3412 BLUESTONE LANE

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: ASMA JORDAN Date: 05/28/2025

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: ASMA JORDAN 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.

Signed: ASMA JORDAN Date: _____

5/28/2025

(01069)-Martinez Austin D

Date of Birth - 5/3/2006 Sex - Male Marital Status - Single

Address: 915 E 213th St, The Bronx, NY, 10469

Phone #: (631) 633-8240

Social Security# - 106-92-8695

Employer or Company Name: N/A

Address: N/A

Emergency Name: 646-633-8240 Ashley Collado

Work Phone #:

Date of Accident - 4/24/2025

Time/Place Accident - Givan & Seymour Ave

Date of Visit - 4/25/2025

Condition Related to : Auto Accident

Insurance Company :

Address:

Phone: Fax:

Claim# - 25-758989080

NF-2 - Yes

Policy Effective Date -

Policy# -

Policy holder -

WCB# -

Carrier case # -

professional

Attorney - Firm Name -

Attorney Address -

Attorney Phone - 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: MARTINEZ AUSTIN
DATE OF BIRTH: 05/03/2006
ID/MRN: 20250528170035984
CLINICIAN: DR. ROOK, ROBERT
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 05/28/2025
HISTORY: M25.511-PAIN IN RIGHT SHOULDER

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.

Electronically Signed By: Steven Brownstein MD 06/03/2025 18:03:29 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 Martinez Austin 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 74019
- Abdominal Flat & Upright 2 View 7432
- 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 70123
- Mandible (R) (L) 70222
- 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) 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: _____

Pain

Ultrasounds (Mark what is needed)

Vascular Studies (Rule out DVT)

- Venous Upper (Bilat) (R) (L) 93979/93971
- Venous Lower (Bilat) (R) (L) 93979/93971
- Arterial Upper (Bilat) (R) (L) 93923/93923
- Arterial Lower (Bilat) (R) (L) 93925/93925
- Arterial with Ankle-Brachial Index (ABI) 93922

Abdomen

- Complete Abdominal * 78770
- AORTA / AAA 78700
- Renal 78770
- Bladder ** 78867

Pelvic

- Pelvic ** 78858
- Pelvic Non-OB ** 78858
- Testicular / Scrotum 78870
- Soft Tissue Groin 78862

Head and Neck

- Thyroid 78538
- Neck Soft tissue 78538
- Carotid Duplex Doppler 83880

Reason for study: _____

Breast

- Breast (Bilat) (R) (L) 78842/78841

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 93900
- Holter Monitor 24 HR 93228
- Echocardiogram 93308
- Pacemaker check 93283

REQUESTING PHYSICIAN

NAME ROBERT ROOK NPI # 1295026136 FAX # _____
 SIGNATURE ROBERT ROOK TODAY'S DATE 05/28/25

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

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

Claim Number: _____

Austin Martinez, ("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 FRAUD 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.

Austin Martinez
(Print name of Patient)

Adra
(Signature of Patient)

05/28/25
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

[Signature]
(Signature of Provider)

3412 BLUESTONE LANE

05/28/25
(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:

AVCA

Date:

05/28/2025

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.

Signed: _____

Date: _____

5/28/2025

(01071)-Mercedes Wendy

Date of Birth - 1/27/1972 Sex - Female Marital Status - Single

Address: 915 E 213th St #2, The Bronx, NY, 10469
Phone #: (929) 997-9018

Social Security# - 583-49-4140

Employer or Company Name: N/A

Address: N/A

Emergency Name: 646-975-9018 Ashley Collado

Work Phone #:

Date of Accident - 4/24/2025

Time/Place Accident - Given & Seymour Ave

Date of Visit - 4/25/2025

Condition Related to : Auto Accident

Progressive

Insurance Company :

Address:

Phone: Fax:

Claim# - 25-758989080

NF-2 - Yes

Policy Effective Date -

Policy# - 994009415

Policy holder - Wendy Mercedes

WCB# -

Carrier case # -

Attorney - Firm Name -

Attorney Address -

Attorney Phone - Fax -

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: _____

Wendy Mercedes ("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.

Wendy Mercedes
(Print name of Patient)

[Signature]
(Signature of Patient)

05/28/25
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

[Signature]
(Signature of Provider)

3412 BLUESTONE LANE

05/28/25
(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: _____

05/28/2025

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: _____

5/28/25

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: _____

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: MERCEDES WENDY
DATE OF BIRTH: 01/27/1972
ID/MRN: 20250528164220830
CLINICIAN: DR. ROOK, ROBERT
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 05/28/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.511-PAIN IN RIGHT SHOULDER, M25.561-PAIN IN RIGHT KNEE

SPINE THORACIC X-RAY 2 view:

No fracture noted. Disc spaces well-maintained. Neural foramina for patent. No paraspinal soft tissue mass noted.

IMPRESSION:

No significant abnormalities noted

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 KNEE X-Ray - 1-2 view:

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

IMPRESSION:

No significant abnormalities noted

Electronically Signed By: Steven Brownstein MD 06/03/2025 18:04:42 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 Mercedes Wendy 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 74513
- Abdominal Flat & Upright 2 View 7432
- 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 7111

HEAD AND NECK

- Skull 70260
- Facial Bones 3 View 70160
- Orbits 4 View 70200
- Nasal Bones 3 View 70180
- Mandible (R) (L) 70180
- 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) 73080
- 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 2 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) 73580
- 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: _____

pain

Ultrasounds (Mark what is needed)

Vascular Studies (Rule out DVT)

- Venous Upper (Bilat) (R) (L) 83970/83971
- Venous Lower (Bilat) (R) (L) 83970/83971
- Arterial Upper (Bilat) (R) (L) 83930/83931
- Arterial Lower (Bilat) (R) (L) 83925/83926
- Arterial with Ankle-Brachial Index (ABI) 83922

Abdomen

- Complete Abdominal * 76770
- AORTA / AAA 76708
- Renal 76770
- Bladder ** 76857

Pelvic

- Pelvic ** 76858
- Pelvic Non-OB ** 76858
- Testicular / Scrotum 76870
- Soft Tissue Groin 76862

Head and Neck

- Thyroid 76636
- Neck Soft tissue 76636
- Carotid Duplex Doppler 83880

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 83000
- Holter Monitor 24 HR 83228
- Echocardiogram 83308
- Pacemaker check 83283

REQUESTING PHYSICIAN

NAME ROBERT ROOK NPI # 1295026136 FAX # _____
 SIGNATURE ROBERT ROOK TODAY'S DATE 05/28/25

(01067)-Garcia Jeremy N

Date of Birth - 9/11/2004 Sex - Male Marital Status - Single

Address: 1010 Revere Ave, Bronx, NY, 10465
Phone #: (917) 907-1427

Social Security# - 079-94-3414

Employer or Company Name: n/a
Address: n/a
Emergency Name: 929-219-7936 Delilah Suriel
Work Phone #:

Date of Accident - 4/14/2025
Time/Place Accident - Bruckner Expy Near Exit 48
Date of Visit - 4/15/2025
Condition Related to : Auto Accident

Insurance Company : Geico
Address: PO BOX 9507
Fredericksburg, VA, 22403
Phone: Fax:

Claim# - 0491970470101037
Claim Address - PO Box 9507
Fredericksburg, VA 22403

NF-2 - Yes
Policy Effective Date -
Policy# - 4333223362
Policy holder - Yrmina Acevedo
WCB# -
Carrier case # -

Attorney - Firm Name -
Attorney Address -
Attorney Phone - Fax - 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: _____

Jeremy 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.

Jeremy Garcia
(Print name of Patient)

Jeremy Garcia
(Signature of Patient)

05/28/25
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

[Signature]
(Signature of Provider)

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

05/28/25
(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.

Signed:

Jeremy Garcia

Date:

05/28/2025

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.

Signed: _____

Date: _____

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: GARCIA JEREMY**DATE OF BIRTH:** 09/11/2004**ID/MRN:** 20250528144811037**CLINICIAN:** DR. ROOK, ROBERT**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC**DATE OF EXAM:** 05/28/2025**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

SPINE THORACIC X-RAY 2 view:

Scoliosis convexity towards the right noted. No fracture noted. No paraspinal soft tissue mass noted. Neural foramina appear patent.

IMPRESSION:**Scoliosis noted**

LEFT SHOULDER X-Ray 1 view:

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 1 view:

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 KNEE X-Ray - 3 view:

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

IMPRESSION:**No significant abnormalities noted**

Electronically Signed By: Steven Brownstein MD 06/03/2025 18:53:15 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 Garcia Jeremy 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 74519
- Abdominal Flat & Upright 2 View 7432
- Chest 1 View 71045
- Chest AP / LAT 71048
- Ribs 2 View (R) (L) 71100
- Ribs UNILATERAL + PA Chest 3 View 71101
- Ribs BILATERAL + PA Chest 4 View 7111

HEAD AND NECK

- Skull 70260
- Facial Bones 3 View 70150
- Orbits 4 View 70200
- Nasal Bones 3 View 70303
- Mandible (R) (L) 70223
- 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

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) 73580
- 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

SPINE AND PELVIS

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

Other: _____

Reason for study: _____

Ultrasounds (Mark what is needed)

Vascular Studies (Rule out DVT)

- Venous Upper (Bilat) (R) (L) 83970/83971
- Venous Lower (Bilat) (R) (L) 83970/83971
- Arterial Upper (Bilat) (R) (L) 83920/83921
- Arterial Lower (Bilat) (R) (L) 83920/83921
- Arterial with Ankle-Brachial Index (ABI) 83922

Pelvic

- Pelvic** 76858
- Pelvic Non-OB** 76858
- Testicular / Scrotum 76870
- Soft Tissue Groin 76882

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.

Abdomen

- Complete Abdominal* 76770
- AORTA / AAA 76708
- Renal 76770
- Bladder** 76857

Head and Neck

- Thyroid 76538
- Neck Soft tissue 76538
- Carotid Duplex Doppler 83880

Reason for study: _____

CARDIAC STUDIES

- EKG 83000
- Holter Monitor 24 HR 93228
- Echocardiogram 83308
- Pacemaker check 83293

REQUESTING PHYSICIAN

NAME ROBERT ROOK NPI # 1295026136 FAX # _____
 SIGNATURE [Signature] TODAY'S DATE 05/28/25 ROBERT ROOK

5/28/2025

(01072)-Smith Tamara

Date of Birth - 3/16/2007 Sex - Female Marital Status - Single

Address: 1574 Beach Ave #4Q, The Bronx, NY, 10460
Phone #: (929) 351-7080

Social Security# - 095-96-8143

Employer or Company Name: N/A

Address: N/A

Emergency Name: Austin Smith (347-601-1943)

Work Phone #:

Date of Accident - 4/30/2025

Time/Place Accident -

Date of Visit - 5/5/2025

Condition Related to : Auto Accident

Insurance Company : State Farm Insurance Co

Address:

Phone: Fax:

Claim# - 32-84C7-86B

Claim Address - P.O. Box 106170
Alanta GA 30348

Policy Effective Date -

Policy# - 346-6842-D27-32A

Policy holder - Vannesa Lynch

WCB# -

Carrier case # -

Attorney - Firm Name -

Attorney Address -

Attorney Phone - Fax -

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: _____

K I, Tamara Smith, ("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.

Tamara Smith
(Print name of Patient)

1574 Beach Ave

Apt 4A
(Address of Patient)

Tamara
(Signature of Patient)

05/28/25
(Date of signature)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

3412 BLUESTONE LANE

EAST STROUDSBURG PA 18301
(Address of Provider)

[Signature]
(Signature of Provider)

05/28/25
(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.

Signed:  Date: 05/28/2025

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.

Signed:  Date: 5/28/2025

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: SMITH TAMARA
DATE OF BIRTH: 03/16/2007
ID/MRN: 20250528141938652
CLINICIAN: DR. ROOK, ROBERT
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 05/28/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.511-PAIN IN RIGHT SHOULDER

SPINE THORACIC X-RAY 2 view:

Scoliosis noted. Vertebral bodies fib normal height. Disc spaces well-maintained. Neural foramina for patent. No paraspinal soft tissue mass noted.

IMPRESSION:

Scoliosis

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.

Electronically Signed By: Steven Brownstein MD 06/03/2025 18:12:31 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 Smith Tamara 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 74519
- Abdominal Flat & Upright 2 View 7432
- 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 70160
- Orbits 4 View 70200
- Nasal Bones 3 View 70203
- Mandible (R) (L) 70203
- Sinuses 70212

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 72105
- 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) 73580
- Knee 3 View (R) (L) 73592
- 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: _____

pair

Ultrasounds: Mark what is needed

Vascular Studies (Rule out DVT)

- Venous Upper (Bilat) (R) (L) 83970/83971
- Venous Lower (Bilat) (R) (L) 83970/83971
- Arterial Upper (Bilat) (R) (L) 83932/83931
- Arterial Lower (Bilat) (R) (L) 83925/83923
- Arterial with Ankle Brachial Index (ABI) 83922

Abdomen

- Complete Abdominal* 76770
- AORTA / AAA 76708
- Renal 76770
- Bladder** 78857

Pelvic

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

Head and Neck

- Thyroid 76538
- Neck Soft tissue 76536
- RCarotid Duplex Doppler 83880

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 83000
- Holter Monitor 24 HR 83229
- Echocardiogram 83308
- Pacemaker check 83293

REQUESTING PHYSICIAN

NAME ROBERT ROOK NPI # 1295026136 FAX # _____
 SIGNATURE ROBERT ROOK TODAY'S DATE 05/28/25

5/28/2025

(01058)-Fernandez Xiomara

Date of Birth - 1/26/1967 Sex - Female Marital Status - Single

Address: 2616 Briggs Ave #4N, Bronx, NY, 10458

Phone #: (929) 265-9755

Social Security# -

Employer or Company Name: N/A

Address: N/A

Emergency Name:

Work Phone #:

Date of Accident - 3/26/2025

Time/Place Accident - Jamaica, Queens

Date of Visit - 4/3/2025

Condition Related to : Auto Accident

Insurance Company : Penn National Insurance

Address:

Phone: Fax:

Claim# - 03381818

NF-2 - Yes

Policy Effective Date -

Policy# - 12900440369

Policy holder - Deyanara Castillo

WCB# -

Carrier case # -

Attorney - Firm Name -

Attorney Address -

Attorney Phone - 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: FERNANDEZ JONATHAN**DATE OF BIRTH:** 01/23/1981**ID/MRN:** 20250528131353976**CLINICIAN:** DR. ROOK, ROBERT**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC**DATE OF EXAM:** 05/28/2025**HISTORY:** M54.6-PAIN IN THORACIC SPINE, M25.512-PAIN IN LEFT SHOULDER, M25.562-PAIN IN LEFT KNEE

SPINE THORACIC X-RAY 2 view:

Tilt of the thoracic column to the left noted. Vertebral bodies appear of normal height. Disc spaces well-maintained. Neural foramina appear patent. No paraspinal soft tissue mass noted.

IMPRESSION:**Tilt of the thoracic column to the left noted**

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.**

LEFT KNEE X-Ray - 1-2 view:

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

IMPRESSION:**No significant abnormalities noted**

Electronically Signed By: Steven Brownstein MD 06/03/2025 18:11:09 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 Fernandez Jonathan 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 74313
- Abdominal Flat & Upright 2 View 7432
- Chest 1 View 71045
- Chest AP / LAT 71048
- 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 70250
- Mandible (R) (L) 70200
- 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 2 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) 73680
- Knee 3 View (R) (L) 73692
- Tibia / Fibula 2 View (R) (L) 73690
- Ankle 3 View (R) (L) 73810
- Foot 3 View (R) (L) 73830
- Heel 2 View (R) (L) 73850
- Toes 2 View (R) (L) 73860

Other: _____

pain

Ultrasounds (Mark what is needed)

Vascular Studies (Rule out DVT)

- Venous Upper (Bilat) (R) (L) 83970/83971
- Venous Lower (Bilat) (R) (L) 83970/83971
- Arterial Upper (Bilat) (R) (L) 83930/83931
- Arterial Lower (Bilat) (R) (L) 83925/83926
- Arterial with Ankle-Brachial Index (ABI) 83922

Abdomen

- Complete Abdominal * 78770
- AORTA / AAA 78708
- Renal 78770
- Bladder ** 78857

Pelvic

- Pelvic ** 78858
- Pelvic Non-OB ** 78856
- Testicular / Scrotum 78870
- Soft Tissue Groin 78882

Head and Neck

- Thyroid 78536
- Neck Soft tissue 78536
- R Carotid Duplex Doppler 83680

Reason for study: _____

Breast

- Breast (Bilat) (R) (L) 78842/78841

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 83000
- Holter Monitor 24 HR 83228
- Echocardiogram 83308
- Pacemaker check 83293

REQUESTING PHYSICIAN

NAME ROBERT ROOK NPI # 1295026136 FAX # _____
 SIGNATURE Robert Rook TODAY'S DATE 05/28/25

NOTE TO PHYSICIANS: A portable X-RAY is being performed since this patient would find it physically and/or psychologically taxing, because of advanced age and/or...

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

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

Claim Number: _____

K. I. _____, ("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.

K. I. Xiomana Kevanidou
(Print name of Patient)

K. I.
(Signature of Patient)

05/28/25
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

[Signature]
(Signature of Provider)

3412 BLUESTONE LANE

05/28/25
(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: KT Her Date: 05/28/2025

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: U 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.

Signed: KT Her Date: 05/28/2025

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

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

Claim Number: _____

Jonathan Fernandez, ("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.

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of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

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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.

Jonathan Fernandez
(Print name of Patient)

[Signature]
(Signature of Patient)
05/28/25
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

[Signature]
(Signature of Provider)
05/28/25
(Date of signature)

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

DYNAMIC MOBILE XRAY SERVICES LLC

3412 BLUESTONE LANE

EAST STROUDSBURG PA 18301

Tel: (570) 243-1888

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Signed: _____

Date: _____

05/28/2025

Consent To X-Ray:

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Signed: _____

Date: _____

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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: _____

5/28/25

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: FERNANDEZ XIOMARA**DATE OF BIRTH:** 01/26/1967**ID/MRN:** 20250528132527798**CLINICIAN:** DR. ROOK, ROBERT**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC**DATE OF EXAM:** 05/28/2025**HISTORY:** M54.6-PAIN IN THORACIC SPINE, M25.512-PAIN IN LEFT SHOULDER, M25.522-PAIN IN LEFT ELBOW, M25.562-PAIN IN LEFT KNEE

SPINE THORACIC X-RAY 2 view:

Comparison: None

FINDINGS:

Multiple views of the thoracic spine demonstrate normal alignment.

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

The vertebral body heights and disc spaces are grossly preserved.

The soft tissues are unremarkable.

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

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

LEFT SHOULDER X-Ray Complete 2 or more views:

Comparison: None

FINDINGS:

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

There are no acute fractures or dislocations.

The acromioclavicular joint and coracoclavicular spaces are intact.

The visualized scapula and clavicle are unremarkable.

There are no radiopaque foreign bodies.

No soft tissue swelling is seen.

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

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

LEFT ELBOW X-Ray - 2 view:

Comparison: None

FINDINGS:

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

The joint spaces are normal.

There is no joint effusion.

There is no elbow region soft tissue swelling.

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 elbow.

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.

Electronically Signed By: Dr. Lan Vu M.D. 06/03/2025 23:17:46 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 Fernandez Xiomara 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 74019
- Abdominal Flat & Upright 2 View 7432
- Chest 1 View 71045
- Chest AP / LAT 71048
- 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 2 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 72105
- 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) 73580
- 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: _____

Pain

Ultrasounds: Mark what is needed

Vascular Studies (Rule out DVT)

- Venous Upper (Bilat) (R) ... (L) 83970/83971
- Venous Lower (Bilat) (R) ... (L) 83970/83971
- Arterial Upper (Bilat) (R) ... (L) 83920/83921
- Arterial Lower (Bilat) (R) ... (L) 83920/83921
- Arterial with Ankle-Brachial Index (ABI) 83922

Abdomen

- Complete Abdominal * 78770
- AORTA / AAA 78708
- Renal 78770
- Bladder ** 78857

Pelvic

- Pelvic ** 78858
- Pelvic Non-OB ** 78858
- Testicular / Scrotum 78870
- Scit Tissue Groin 78882

Head and Neck

- Thyroid 78538
- Neck Soft tissue 78538
- Carotid Duplex Doppler 83880

Reason for study: _____

Breast

- Breast (Bilat) (R) (L) 78842/78841

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 83000
- Holter Monitor 24 HR 83228
- Echocardiogram 83308
- Pacemaker check 83283

REQUESTING PHYSICIAN

NAME ROBERT ROOK NPI # 1295026136 FAX # _____
 SIGNATURE ROBERT ROOK TODAY'S DATE 05/28/25

5/28/2025

(01056)-Monegro Juan F

Date of Birth - 7/13/1984 Sex - Male Marital Status - Single

Address: 1840 Phelan Pl #H, Bronx, NY, 10453

Phone #: (929) 375-8023

Social Security# -

Employer or Company Name: N/A

Address: N/A

Emergency Name:

Work Phone #:

Date of Accident - 3/26/2025

Time/Place Accident - Jamaica, Queens

Date of Visit - 4/3/2025

Condition Related to : Auto Accident

Insurance Company : Penn National Insurance

Address:

Phone: Fax:

Claim# - 03381818

NF-2 - Yes

Policy Effective Date -

Policy# - 12900440369

Policy holder - Deyanara Castillo

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 -

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

X-Ray Consent Form

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Signed: _____

Date: _____

05/28/05

Consent To X-Ray:

A Minor I am a parent or legal guardian of _____
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Signed: _____

Date: _____

Females: Regarding Possibility of Pregnancy

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Signed: _____

Date: _____

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: MONEGRO JUAN
DATE OF BIRTH: 07/13/1984
ID/MRN: 20250528125538698
CLINICIAN: DR. ROOK, ROBERT
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 05/28/2025
HISTORY: M25.511-PAIN IN RIGHT SHOULDER

RIGHT SHOULDER X-Ray Complete 2 or more views:

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

IMPRESSION:

Degenerative changes noted

Electronically Signed By: Steven Brownstein MD 06/03/2025 18:07:09 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 Monegro Juan 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 74013
- Abdominal Flat & Upright 2 View 7432
- 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 70153
- Mandible (R) (L) 70103
- 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) 73080
- 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) 73580
- Knee 3 View (R) (L) 73582
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- 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: _____

pair

Ultrasounds: Mark What is needed

Vascular Studies (Rule out DVT)

- Venous Upper (Bilat) (R) (L) 83970/83971
- Venous Lower (Bilat) (R) (L) 83970/83971
- Arterial Upper (Bilat) (R) (L) 83980/83981
- Arterial Lower (Bilat) (R) (L) 83925/83926
- Arterial with Ankle Brachial Index (ABI) 83922

Abdomen

- Complete Abdominal * 76770
- AORTA / AAA 76708
- Renal 76770
- Bladder ** 76857

Pelvic

- Pelvic ** 76858
- Pelvic Non-OB ** 76858
- Testicular / Scrotum 76870
- Soft Tissue Groin 76882

Head and Neck

- Thyroid 76536
- Neck Soft tissue 78538
- R Carotid Duplex Doppler 83880

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

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CARDIAC STUDIES

- EKG 83000
- Holter Monitor 24 HR 93228
- Echocardiogram 83308
- Pacemaker check 83283

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