

7/14/2025

LIST OF SELECTED PATIENTS

<u>Name:</u> HAYNES, DEMETRI	<u>Phone:</u> 347-607-0192
<u>Address:</u> 500 EAST 165TH STREET APT 6D BRONX NY 10456	Active
<u>D.O.A.:</u> 2/10/202 <u>Place Of Accident:</u> N/A	
<u>SSN:</u> 111-78-0065 <u>DOB:</u> 5/19/1991 <u>Marital Status:</u> U <u>Policy Holder:</u> NO	
<u>Policy Holder:</u> N/A, N/A	<u>Address:</u> N/A
<u>Ins. Company:</u> GEICO	<u>Phone:</u> 888-841-3000
<u>Ins. Address:</u> P.O. BOX 9507, FREDERICKSBURG, VA 22403	
<u>Policy Number:</u> N/A	<u>Claim Number:</u> 8828812900000001
<u>Adjuster Info:</u> N/A	

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

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

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

I, Demetri Hayes, ("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 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.

X Demetri Hayes  
(Print name of Patient)

X Demetri Hayes  
(Signature of Patient)

X \_\_\_\_\_

7/14/25  
(Date of signature)

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

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE

7/14/2025  
(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**

**Patient 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 time I know of no other condition which the taking of x-rays would further complicate.

Signed: Dominic Harmon Date: 7/19/25

**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 time 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: \_\_\_\_\_

7/14/2025

LIST OF SELECTED PATIENTS

<u>Name :</u> ELLIS, FATIMA	<u>Phone:</u> 646-474-5311
<u>Address :</u> 2175 LAMCOBE AVE APT A BRONX NY 10473	<u>Active</u>
<u>D.O.A. :</u> 7/8/2025 <u>Place Of Accident :</u> N/A	
<u>SSN:</u> - - - <u>DOB:</u> 9/3/1999 <u>Marital Status:</u> U <u>Policy Holder:</u> NO	
<u>Policy Holder</u> N/A, N/A	<u>Address:</u> N/A
<u>Ins. Company:</u> N/A	<u>Phone :</u> N/A
<u>Ins. Address:</u> NA	
<u>Policy Number:</u> N/A	<u>Claim Number :</u> N/A
<u>Adjuster Info:</u> N/A	

NO CLAIM #

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

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

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

I, Fatimae ("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 07/08/25, 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.

Fatimae  
(Print name of Patient)

Fatimae  
(Signature of Patient)

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

07/14/25  
(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)

07/14/2025  
(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: Salima E Date: 07/14/25

**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: \_\_\_\_\_

7/14/2025

LIST OF SELECTED PATIENTS

<u>Name :</u> PERRY, EUTACIA	<u>Phone:</u> 646-280-6177
<u>Address :</u> 2280 RANDALL AVENU APT 7-J, BRONX NY 10473	<u>Active</u>
<u>D.O.A. :</u> 6/30/202 <u>Place Of Accident :</u> N/A	
<u>SSN:</u> 103-66-5479 <u>DOB:</u> 8/22/1958 <u>Marital Status:</u> U <u>Policy Holder:</u> NO	
<u>Policy Holder</u> N/A, N/A	<u>Address:</u> N/A
<u>Ins. Company:</u> N/A	<u>Phone :</u> N/A
<u>Ins. Address:</u> NA	
<u>Policy Number:</u> N/A	<u>Claim Number :</u> N/A
<u>Adjuster Info:</u> N/A	

NEED CLAIM #



**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: Eustocio Perry Date: 07-14-25

**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: \_\_\_\_\_

7/14/2025

LIST OF SELECTED PATIENTS

<u>Name :</u> ADAMES MOLA, ANNERYS	<u>Phone:</u> 929-401-2396
<u>Address :</u> 1956 EDISON AVENUE, BRONX, NY 10461	<u>Active</u>
<u>D.O.A. :</u> 5/27/202 <u>Place Of Accident :</u> N/A	
<u>SSN:</u> 000-00-0000 <u>DOB:</u> 9/12/1980 <u>Marital Status:</u> U <u>Policy Holder:</u> NO	
<u>Policy Holder</u> N/A, N/A	<u>Address:</u> N/A
<u>Ins. Company:</u> STATE FARM INSURANCE COMPANY	<u>Phone :</u> 844-292-8615
<u>Ins. Address:</u> P.O. BOX 106170, ATLANTA, GA 30348-6107	
<u>Policy Number:</u> N/A	<u>Claim Number :</u> 52-86J9-72B
<u>Adjuster Info:</u> N/A	

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

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

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

I, AnneBys Adams ("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 6/27/25, 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.

AnneBys Adams  
(Print name of Patient)

A.P.A.  
(Signature of Patient)

1356 Edison Ave Roset

7/14/25  
(Date of signature)

Bronx NY 10461  
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE

7/14/25  
(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: A. P. A. M. Date: 7/14/25

**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: \_\_\_\_\_

7/14/2025

LIST OF SELECTED PATIENTS

<u>Name :</u> MERCALDI, JENNIFER	<u>Phone:</u> 917-569-8748
<u>Address :</u> 29 WOODBURY ST NEW ROCHELLE, NY 10805	<u>Active</u>
<u>D.O.A. :</u> 6/5/2025 <u>Place Of Accident :</u> N/A	
<u>SSN:</u> - - - <u>DOB:</u> 12/22/197 <u>Marital Status:</u> U <u>Policy Holder:</u> NO	
<u>Policy Holder</u> N/A, N/A	<u>Address:</u> N/A
<u>Ins.Company:</u> STATE FARM INSURANCE COMPANY	<u>Phone :</u> 844-292-8615
<u>Ins. Address:</u> P.O. BOX 106170, ATLANTA, GA 30348-6107	
<u>Policy Number:</u> 2713026-A15-32E	<u>Claim Number :</u> 3285V558T
<u>Adjuster Info:</u> N/A	

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

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

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

I, Jennifer Mercaldi, ("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.

Jennifer Mercaldi  
(Print name of Patient)

29 Woodbury St

New Rochelle, Ny 10805  
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

3412 BLUESTONE LANE

EAST STROUDSBURG PA 18301  
(Address of Provider)

Jennifer Mercaldi  
(Signature of Patient)

7/14/25  
(Date of signature)

[Signature]  
(Signature of Provider)

7/14/25  
(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: *J. Meacald* Date: 7/14/25

**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: *J. Meacald* Date: 7/14/25

7/14/2025

LIST OF SELECTED PATIENTS

<u>Name :</u> JOSE, FREDDY	<u>Phone:</u> 347-506-8079
<u>Address :</u> 1970 AMSTERDAM AVE NEW YORK 10032	<u>Active</u>
<u>D.O.A. :</u> 5/8/2025 <u>Place Of Accident :</u> N/A	
<u>SSN:</u> - - - <u>DOB:</u> 12/19/200 <u>Marital Status:</u> U <u>Policy Holder:</u> NO	
<u>Policy Holder</u> N/A, N/A	<u>Address:</u> N/A
<u>Ins. Company:</u> AMERICAN TRANSIT INSURANCE COMPANY	<u>Phone :</u> 212-857-8200
<u>Ins. Address:</u> 1 METROTECH CENTER, 7TH FLOOR, BROOKLYN, NY 11201	
<u>Policy Number:</u> N/A	<u>Claim Number :</u> 1168153-01
<u>Adjuster Info:</u> N/A	

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

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

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

I, Freddy Jose, ("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 06-08-2025, 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.

Freddy Jose  
(Print name of Patient)

[Signature]  
(Signature of Patient)

\_\_\_\_\_

07-14-2025  
(Date of signature)

1970 Amsterdam Av  
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE

7/14/25  
(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**

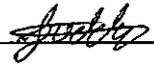
**Parent Consent To X-Ray:**

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: 07-14-2025

**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: 07-14-2025

**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: 07-14-2025

7/14/2025

LIST OF SELECTED PATIENTS

<u>Name :</u> WALL, KELLY	<u>Phone:</u> 347-932-3794
<u>Address :</u> 920 TRINITY AVE BRONX NY APT 9-B 10456	<u>Active</u>
<u>D.O.A. :</u> 7/3/2025 <u>Place Of Accident :</u> N/A	
<u>SSN:</u> 072-66-3221 <u>DOB:</u> 12/2/1981 <u>Marital Status:</u> U <u>Policy Holder:</u> NO	
<u>Policy Holder</u> N/A, N/A	<u>Address:</u> N/A
<u>Ins. Company:</u> Affirmative Direct Insurance Company	<u>Phone :</u> (929)369-0649
<u>Ins. Address:</u> One MetroTech Center, Suite 1803, Brooklyn, NY, 11201	
<u>Policy Number:</u> BC107P05	<u>Claim Number :</u> N/A
<u>Adjuster Info:</u> PLATE # 5402465	

NEED CLAIM #

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

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

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

I, Kelly Wall, ("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 7/3/2025, 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.

Kelly Wall  
(Print name of Patient)

[Signature]  
(Signature of Patient)

\_\_\_\_\_

7/14/2025  
(Date of signature)

\_\_\_\_\_

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE

7/14/25  
(Date of signature)

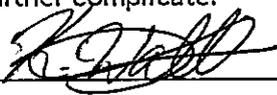
EAST STROUDSBURG PA 18301  
(Address of Provider)

**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: 7/14/2025

**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: \_\_\_\_\_

7/14/2025

LIST OF SELECTED PATIENTS

<u>Name :</u> RIVERA, HECTOR	<u>Phone:</u> 718-772-7966
<u>Address :</u> 2216 CHATTERTON AVENUE APT 1 BRONX, NY 10472	<u>Active</u>
<u>D.O.A. :</u> 4/4/2025 <u>Place Of Accident :</u> N/A	
<u>SSN:</u> 126-56-5139 <u>DOB:</u> 1/14/1968 <u>Marital Status:</u> U <u>Policy Holder:</u> NO	
<u>Policy Holder</u> N/A, N/A	<u>Address:</u> N/A
<u>Ins.Company:</u> USAA CASUALTY INSURANCE CO.	<u>Phone :</u> (800) 531-8111
<u>Ins. Address:</u> P.O. BOX 5000 DAPHNE, AL 36526	
<u>Policy Number:</u> 038768993-7102	<u>Claim Number :</u> 038768993
<u>Adjuster Info:</u> N/A	

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

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

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

I, Hector Rivera, ("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 April 4, 25, 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.

Hector Rivera  
(Print name of Patient)

[Signature]  
(Signature of Patient)

7/14/25  
(Date of signature)

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

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE

7/14/25  
(Date of signature)

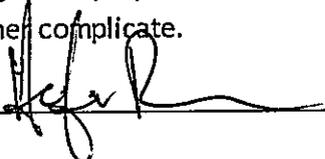
EAST STROUDSBURG PA 18301  
(Address of Provider)

**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: 7/14/28

**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: \_\_\_\_\_

7/14/2025

LIST OF SELECTED PATIENTS

<u>Name :</u> CASILLA, ANDERSON	<u>Phone:</u> 347-791-6691
<u>Address :</u> 172 6TH ST APT 312, PASSAIC NJ 07055	<u>Active</u>
<u>D.O.A. :</u> 6/26/202 <u>Place Of Accident :</u> N/A	
<u>SSN:</u> - - - <u>DOB:</u> 5/31/1997 <u>Marital Status:</u> U <u>Policy Holder:</u> NO	
<u>Policy Holder</u> N/A, N/A	<u>Address:</u> N/A
<u>Ins. Company:</u> HERFORD INSURANCE CO	<u>Phone :</u> 718-361-9191
<u>Ins. Address:</u> 2425 JACKSON AVENUE, LONG ISLAND CITY, NY 11101	
<u>Policy Number:</u> N/A	<u>Claim Number :</u> N/A
<u>Adjuster Info:</u> N/A	

NEED CLAIM NUMBER  
PLEASE  
FOR ALL THIS  
DEMOS

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

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

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

I, Anderson Casilla, ("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.

Anderson Casilla

(Print name of Patient)

And

(Signature of Patient)

07/14/2025

(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES

(Print name of Provider)

[Signature]

(Signature of Provider)

3412 BLUESTONE LANE

7/14/25

(Date of signature)

EAST STROUDSBURG PA 18301

(Address of Provider)



7/14/2025

LIST OF SELECTED PATIENTS

<u>Name :</u> AKTER, HAPPY	<u>Phone:</u> 646-932-6684
<u>Address :</u> 1633 TOMLINSON AVENUE FL 1 BRONX, NY 10461	<u>Active</u>
<u>D.O.A. :</u> 4/24/202 <u>Place Of Accident :</u> N/A	
<u>SSN:</u> 125-47-6932 <u>DOB:</u> 11/21/199 <u>Marital Status:</u> U <u>Policy Holder:</u> NO	
<u>Policy Holder</u> N/A, N/A	<u>Address:</u> N/A
<u>Ins.Company:</u> MVAIC	<u>Phone :</u> 646-205-7800
<u>Ins. Address:</u> 100 WILLIAM STREET, NEW YORK, NY, 10038	
<u>Policy Number:</u> N/A	<u>Claim Number :</u> 747324
<u>Adjuster Info:</u> N/A	

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

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

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

I, HAPPY AKTER, ("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.

HAPPY AKTER

(Print name of Patient)

HAPPY

(Signature of Patient)

1633 TOMLINSON AVE

7-14-2025

(Date of signature)

BRONX, NY, 10467

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES

(Print name of Provider)

[Signature]

(Signature of Provider)

3412 BLUESTONE LANE

7/14/25

(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: Happy Date: 7-14-2025

**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: Happy Date: 7-14-2025

**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: Happy Date: 7-14-2025

7/14/2025

LIST OF SELECTED PATIENTS

<u>Name :</u> MORENO, LEONARDO	<u>Phone:</u> 347-882-1204
<u>Address :</u> 2008 PRATT STREET, PHILADELPHIA, PA 19121	<u>Active</u>
<u>D.O.A. :</u> 6/8/2025 <u>Place Of Accident :</u> N/A	
<u>SSN:</u> 064-86-0818 <u>DOB:</u> 10/24/1995 <u>Marital Status:</u> U <u>Policy Holder:</u> NO	
<u>Policy Holder</u> N/A, N/A	<u>Address:</u> N/A
<u>Ins.Company:</u> GEICO	<u>Phone :</u> 888-841-3000
<u>Ins. Address:</u> P.O. BOX 9507, FREDERICKSBURG, VA 22403	
<u>Policy Number:</u> N/A	<u>Claim Number :</u> 8856338150000001
<u>Adjuster Info:</u> N/A	

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

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

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

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.

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due to the motor vehicle accident which occurred on \_\_\_\_\_, not withstanding any other agreement  
(Print accident date)  
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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.

\_\_\_\_\_  
(Print name of Patient)

*Leonardo Moren*  
\_\_\_\_\_  
(Signature of Patient)

\_\_\_\_\_

*7/14/25*  
\_\_\_\_\_  
(Date of signature)

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

DYNAMIC MOBILE XRAY SERVICES  
\_\_\_\_\_  
(Print name of Provider)

*[Signature]*  
\_\_\_\_\_  
(Signature of Provider)

3412 BLUESTONE LANE  
\_\_\_\_\_

*7/14/25*  
\_\_\_\_\_  
(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: *Leonardo More* Date: 7-14-25

**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: \_\_\_\_\_