

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: CASILLA ANDERSON
DATE OF BIRTH: 05/31/1997
ID/MRN: 20250714164243199
CLINICIAN: AMANZE, STELLA . PA
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 07/14/2025
HISTORY: M25.512-PAIN IN LEFT SHOULDER, M25.562-PAIN IN LEFT KNEE

LEFT SHOULDER X-Ray Complete 2 or more views:

Technique: Left Shoulder, 2 views

Comparison: None.

Findings: There is no radiographic evidence of acute fracture or dislocation. The humeral head and neck as well as clavicle and scapula are intact. Visualized lung parenchyma is clear. The bony mineralization is normal.

IMPRESSION:

1. No definite radiographic evidence of acute fracture or dislocation.
 2. If there are persistent symptoms, follow up x ray or CT may be obtained as clinically warranted.
-

LEFT KNEE X-Ray - 1-2 view:

Technique: Left knee, 2 views

Comparison: None.

Findings: No radiographic evidence of acute fracture or dislocation. The patella, distal femur, proximal tibia and fibula are intact. There is no deep sulcus sign to suggest anterior cruciate ligament tear. The bony mineralization is normal. There is no joint effusion.

IMPRESSION:

1. No definite radiographic evidence of acute fracture or dislocation. If there are persistent symptoms, follow up x ray or CT may be obtained as clinically warranted.
 2. No joint effusion.
-

Electronically Signed By: Dr. Naiyer Imam M.D. 07/15/2025 2:45:10 EDT

Tech: Dynamic Mobile Xray Services LLC



MOBILE EXAM ORDER FORM

PATIENT INFORMATION

NAME CASILLA AMPERSON 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

CHEST AND ABDOMEN

- Abdominal KUB 1 View 74018
- Abdominal Flat & Upright 2 View 7402
- Chest 1 View 71045
- Chest AP / LAT 71046
- Ribs 2 View (R) (L) 71100
- Ribs UNILATERAL + PA Chest*3 View 71101
- Ribs BILATERAL + PA Chest 4 View 71111

HEAD AND NECK

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

UPPER EXTREMITIES

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

SPINE AND PELVIS

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

Reason for study: _____

UPPER EXTREMITIES

- HIP BILATERAL 4 View 73520
- HIP AP / LAT (R) (L) 73501
- Femur 2 View (R) (L) 73550
- Knee 1-2 View (R) (L) 73560
- Knee 3 View (R) (L) 73562
- Tibia / Fibula 2 View ... (R) (L) 73590
- Ankle 3 View (R) (L) 73610
- Foot 3 View (R) (L) 73830
- Heel 2 View (R) (L) 73850
- Toes 2 View (R) (L) 73880

Other: _____

PAIN

Ultrasounds

Vascular Studies (Rule out DVT)

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

Abdomen

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

Pelvic

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

Head and Neck

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

Reason for study: _____

Breast

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

Other: _____

* Abdominal Ultrasounds require patient not eat, or drink at least 6 hours prior to exam

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

CARDIAC STUDIES

- EKG 93000
- Holter Monitor 24 HR 93228
- Echocardiogram 93280
- Pacemaker check 93283

NAME Stella Hernandez NPI # 1891953238 FAX # _____
 SIGNATURE TODAY'S DATE _____

DYNAMIC MOBILE XRAY SERVICES LLC

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dynamicmobilexrays@gmail.com

Radiology Interpretation

PATIENT NAME: ADAMES ANNERYYS
DATE OF BIRTH: 09/12/1980
ID/MRN: 20250714150124821
CLINICIAN: AMANZE, STELLA . PA
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 07/14/2025
HISTORY: M25.511-PAIN IN RIGHT SHOULDER, M25.531-PAIN IN RIGHT WRIST

RIGHT SHOULDER X-Ray Complete 2 or more views:

Technique: Right Shoulder, 2 views
Comparison: None.

Findings: There is no radiographic evidence of acute fracture or dislocation. The humeral head and neck as well as clavicle and scapula are intact. Visualized lung parenchyma is clear. The bony mineralization is normal.

IMPRESSION:

1. No definite radiographic evidence of acute fracture or dislocation.
 2. If there are persistent symptoms, follow up x ray or CT may be obtained as clinically warranted.
-

RIGHT WRIST X-Ray Complete 3 view:

Technique: Right Wrist, 3 views
Comparison: None.

Findings: There is no radiographic evidence of acute fracture or dislocation. Carpal bones and metacarpal bones are intact. No widening of the scapholunate interval is present to suggest ligament tear. The bony mineralization is normal. Soft tissues are unremarkable.

IMPRESSION:

1. No definite radiographic evidence of acute fracture or dislocation. If there are persistent symptoms, follow up x ray may be obtained as clinically warranted.
-

Electronically Signed By: Dr. Naiyer Imam M.D. 07/15/2025 2:09:57 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 ADAMES ANNAMARY 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

CHEST AND ABDOMEN

- Abdominal KUB 1 View 74018
- Abdominal Flat & Upright 2 View 7402
- Chest 1 View 71046
- 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 70160
- Mandible (R) (L) 70100
- Sinuses 70210

UPPER EXTREMITIES

- Clavicle 2 View (R) (L) 73000
- Scapula 2 View (R) (L) 73010
- Shoulder 2 View (R) (L) 73030
- Humerus 2 View (R) (L) 73080
- Elbow 3 View (R) (L) 73090
- Forearm 2 View (R) (L) 73090
- Wrist 2 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 73620
- HIP AP / LAT (R) (L) 73601
- Femur 2 View (R) (L) 73650
- Knee 1-2 View (R) (L) 73660
- Knee 3 View (R) (L) 73662
- Tibia / Fibula 2 View ... (R) (L) 73690
- 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

Vascular Studies (Rule out DVT)

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

Abdomen

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

Pelvic

- Pelvic** 76866
- Pelvic Non-OB ** 76866
- Testicular / Scrotum 76870
- Soft Tissue Groin 76882

Head and Neck

- Thyroid 76536
- Neck Soft tissue 76536
- RCarotid Duplex Doppler 93980

Reason for study: _____

Breast

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

Other: _____

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

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

CARDIAC STUDIES

- EKG 93000
- Holter Monitor 24 HR 93226
- Echocardiogram 93285
- Pacemaker check 93285

NAME Stella Haganze NPI # 1891953238 FAX # _____
SIGNATURE [Signature] TODAYS DAT _____

DYNAMIC MOBILE XRAY SERVICES LLC

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Radiology Interpretation

PATIENT NAME: HAYNES DEMETRI**DATE OF BIRTH:** 05/19/1999**ID/MRN:** 20250714170901403**CLINICIAN:** AMANZE, STELLA . PA**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC**DATE OF EXAM:** 07/14/2025**HISTORY:** M25.511-PAIN IN RIGHT SHOULDER, M25.512-PAIN IN LEFT SHOULDER, M25.561-PAIN IN RIGHT KNEE

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

Left shoulder two view: There is no evidence of fracture or dislocation. The joint spaces are normal. No osseous or soft tissue pathology.

IMPRESSION:**Negative Study.**

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

Right shoulder two view: There is no evidence of fracture or dislocation. The joint spaces are intact. No osseous or soft tissue pathology.

IMPRESSION:**Negative study.**

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

Right knee two view: No fracture. Alignment is normal. The joint spaces are intact. No effusion. No osseous or soft tissue pathology.

IMPRESSION:**Negative study.**

Electronically Signed By: Dr. Joseph Dixon M.D. 07/15/2025 9:23:30 EDT**Tech:** Dynamic Mobile Xray Services LLC

DYNAMIC MOBILE XRAY SERVICES LLC

3412 BLUESTONE LANE
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Radiology Interpretation

PATIENT NAME: PERRY EUTACIA
DATE OF BIRTH: 08/22/1958
ID/MRN: 20250714144826760
CLINICIAN: AMANZE, STELLA . PA
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 07/14/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.562-PAIN IN LEFT KNEE

SPINE THORACIC X-RAY 2 view:

Technique: Thoracic spine, 2 views
Comparison: None.

Findings: There is mild dextroscoliosis with no subluxation. (14 degrees Cobb's angle at T8 level). There are no compression deformities. The bony mineralization is mildly decreased. Mild narrowing of intervertebral disc spaces with spurring.

IMPRESSION:

1. Mild dextroscoliosis with no subluxation. (14 degrees Cobb's angle at T8 level)
 2. No compression deformities or fractures demonstrated radiographically. If there is persistent pain, follow up CT or MRI may be obtained as clinically warranted.
 3. Mild osteopenia.
 4. Mild degree of spondylosis.
-

LEFT KNEE X-Ray - 1-2 view:

Technique: Left knee, 2 views
Comparison: None.

Findings: No radiographic evidence of acute fracture or dislocation. The patella, distal femur, proximal tibia and fibula are intact. There is no deep sulcus sign to suggest anterior cruciate ligament tear. The bony mineralization is normal. There is no joint effusion. Mild narrowing of the medial and patella-femoral joint spaces.

IMPRESSION:

1. No definite radiographic evidence of acute fracture or dislocation. If there are persistent symptoms, follow up x ray or CT may be obtained as clinically warranted.
 2. No joint effusion.
 3. Mild degree of osteoarthritis.
-

Electronically Signed By: Dr. Naiyer Imam M.D. 07/15/2025 3:13:53 EDT

Tech: Dynamic Mobile Xray Services LLC



MOBILE EXAM ORDER FORM

PATIENT INFORMATION:

NAME PERRY EUTIMIA STAT D.O.B. _____ SS# _____ MALE FEMALE
 PATIENT ADDRESS or FACILITY NAME _____ ROOM # _____
 CITY _____ STATE _____ ZIP _____ PHONE _____
 PRIMARY INSURANCE NAME _____ INSURANCE ID # _____
 SECONDARY INSURANCE NAME _____ INSURANCE ID # _____

X-RAYS (Mark what is needed)

CHEST AND ABDOMEN

- Abdominal KUB 1 View 74018
- Abdominal Flat & Upright 2 View 7402
- Chest 1 View 71045
- Chest AP / LAT 71046
- Ribs 2 View (R) (L) 71100
- Ribs UNILATERAL + PA Chest*3 View 71101
- Ribs BILATERAL + PA Chest 4 View 71111

HEAD AND NECK

- Skull 70250
- Facial Bones 3 View 70150
- Orbits 4 View 70200
- Nasal Bones 3 View 70180
- Mandible (R) (L) 70100
- Sinuses 70210

UPPER EXTREMITIES

- Clavicle 2 View (R) (L) 73000
- Scapula 2 View (R) (L) 73010
- Shoulder 2 View (R) (L) 73030
- Humerus 2 View (R) (L) 73080
- Elbow 3 View (R) (L) 73080
- Forearm 2 View (R) (L) 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) 73580
- Ankle 3 View (R) (L) 73610
- Foot 3 View (R) (L) 73830
- Heel 2 View (R) (L) 73860
- Toes 2 View (R) (L) 73880

Other: _____

PAIN

Ultrasounds (Mark what is needed)

Vascular Studies (Rule out DVT)

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

Abdomen

- Complete Abdominal* 78770
- AORTA / AAA 78706
- Renal 78770
- Bladder** 78657

Pelvic

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

Head and Neck

- Thyroid 76538
- Neck Soft tissue 76538
- RCarotid Duplex Doppler 93980

Reason for study: _____

Breast

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

Other: _____

* Abdominal Ultrasounds require patient not eat or drink at least 5 Hours prior to exam

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

CARDIAC STUDIES

- EKG 93000
- Holter Monitor 24 HR 93226
- Echocardiogram 93208
- Pacemaker check 93283

NAME Stella Alvarez NPI # 1891953238 FAX # _____
 SIGNATURE [Signature] TODAY'S DATE _____

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: ELLIS FATIMA
DATE OF BIRTH: 09/03/1999
ID/MRN: 20250714122509620
CLINICIAN: AMANZE, STELLA . PA
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 07/14/2025
HISTORY: M25.562-PAIN IN LEFT KNEE

LEFT KNEE X-Ray - 1-2 view:

LEFT KNEE:

Left knee two view: No fracture. Alignment is normal. No effusion. Joint spaces are intact. No incidental findings.

IMPRESSION:

Negative Study.

Electronically Signed By: Dr. Joseph Dixon M.D. 07/15/2025 9:12:27 EDT

Tech: Dynamic Mobile Xray Services LLC



MOBILE EXAM ORDER FORM

PATIENT INFORMATION

NAME ELLIS FATIMA STAT D.O.B. _____ SS# _____ MALE FEMALE
 PATIENT ADDRESS or FACILITY NAME _____ ROOM # _____
 CITY _____ STATE _____ ZIP _____ PHONE _____
 PRIMARY INSURANCE NAME _____ INSURANCE ID # _____
 SECONDARY INSURANCE NAME _____ INSURANCE ID # _____

X-RAYS: Mark what is needed

CHEST AND ABDOMEN

- Abdominal KUB 1 View 74018
- Abdominal Flat & Upright 2 View 7402
- Chest 1 View 71045
- Chest AP / LAT 71046
- Ribs 2 View (R) (L) 71100
- Ribs UNILATERAL + PA Chest* 3 View 71101
- Ribs BILATERAL + PA Chest 4 View 71111

HEAD AND NECK

- Skull 70250
- Facial Bones 3 View 70150
- Orbits 4 View 70200
- Nasal Bones 3 View 70180
- Mandible (R) (L) 70100
- Sinuses 70210

UPPER EXTREMITIES

- Clavicle 2 View (R) (L) 73000
- Scapula 2 View (R) (L) 73010
- Shoulder 2 View (R) (L) 73030
- Humerus 2 View (R) (L) 73080
- Elbow 3 View (R) (L) 73080
- Forearm 2 View (R) (L) 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) 73560
- Knee 3 View (R) (L) 73562
- Tibia / Fibula 2 View ... (R) (L) 73580
- Ankle 3 View (R) (L) 73610
- Foot 3 View (R) (L) 73830
- Heel 2 View (R) (L) 73850
- Toes 2 View (R) (L) 73880

Other: _____

PAIN

Ultrasounds: Mark what is needed

Vascular Studies (Rule out DVT)

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

Abdomen

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

Pelvic

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

Head and Neck

- Thyroid 78536
- Neck Soft tissue 78536
- RCarotid Duplex Doppler 93880

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 93000
- Holter Monitor 24 HR 93228
- Echocardiogram 93300
- Pacemaker check 93280

HEALTHCARE PROVIDER'S
 NAME Stella Alvarez NPI # 1891953238 FAX # _____
 SIGNATURE [Signature] TODAY'S DATE _____

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: JOSE FREDDY
DATE OF BIRTH: 12/19/2002
ID/MRN: 20250714160837974
CLINICIAN: AMANZE, STELLA . PA
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 07/14/2025
HISTORY: M23.52-CHRONIC INSTABILITY OF KNEE, LEFT KNEE, M25.562-PAIN IN LEFT KNEE

SIGNIFICANT FINDINGS

LEFT KNEE X-Ray - 1-2 view:

There is a large osteolytic lesion involving the proximal tibia. No abnormal calcifications noted. No fracture noted.

IMPRESSION:

Large osteolytic defect involving proximal tibia identified. Further evaluation with CT scan is advised.

Electronically Signed By: Steven Brownstein MD 07/14/2025 19:50:24 EDT

Tech: Dynamic Mobile Xray Services LLC



MOBILE EXAM ORDER FORM

PATIENT INFORMATION:

NAME JOSE FREDDY 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

CHEST AND ABDOMEN

- Abdominal KUB 1 View 74018
- Abdominal Flat & Upright 2 View 7402
- 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 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
- Tibia / Fibula 2 View ... (R) (L) 73590
- Ankle 3 View (R) (L) 73610
- Foot 3 View (R) (L) 73830
- Heel 2 View (R) (L) 73850
- Toes 2 View (R) (L) 73880

Other: _____

PAIN

Ultrasounds

Vascular Studies (Rule out DVT)

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

Abdomen

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

Pelvic

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

Head and Neck

- Thyroid 78538
- Neck Soft tissue 78538
- RCarotid 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 93000
- Holter Monitor 24 HR 83228
- Echocardiogram 83258
- Pacemaker check 93285

HEALTHCARE PROVIDER
NAME Stella Hernandez NPI # 1891953238 FAX # _____
SIGNATURE [Signature] TODAY'S DATE _____

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: AKTER HAPPY
DATE OF BIRTH: 11/21/1990
ID/MRN: 20250714175311952
CLINICIAN: AMANZE, STELLA . PA
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 07/14/2025
HISTORY: M25.511-PAIN IN RIGHT SHOULDER, M25.512-PAIN IN LEFT SHOULDER, M25.561-PAIN IN RIGHT KNEE

LEFT SHOULDER X-Ray Complete 2 or more views:

COMPARISON:
None
BONES:
No acute fracture or concerning focal osseous lesion.
JOINTS:
No dislocation. The joint spaces are normal.
SOFT TISSUES:
The soft tissues are unremarkable.

IMPRESSION:
No acute osseous process.

RIGHT SHOULDER X-Ray Complete 2 or more views:

COMPARISON:
None
BONES:
No acute fracture or concerning focal osseous lesion.
JOINTS:
No dislocation. The joint spaces are normal.
SOFT TISSUES:
The soft tissues are unremarkable.

IMPRESSION:
No acute osseous process.

RIGHT KNEE X-Ray - 1-2 view:

COMPARISON:
None
BONES:
No acute fracture or concerning focal osseous lesion.
JOINTS:
No dislocation. The joint spaces are normal.
SOFT TISSUES:
The soft tissues are unremarkable.

IMPRESSION:

No acute osseous process.

Electronically Signed By: Dr. Asif Anwar M.D. 07/15/2025 4:31:05 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 AKTER HAPPI 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

CHEST AND ABDOMEN

- Abdominal KUB 1 View 74018
- Abdominal Flat & Upright 2 View 7402
- Chest 1 View 71045
- Chest AP / LAT 71046
- Ribs 2 View (R) (L) 71100
- Ribs UNILATERAL + PA Chest 3 View 71101
- Ribs BILATERAL + PA Chest 4 View 71111

HEAD AND NECK

- Skull 70250
- Facial Bones 3 View 70150
- Orbits 4 View 70200
- Nasal Bones 3 View 70180
- Mandible (R) (L) 70100
- Sinuses 70210

UPPER EXTREMITIES

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

SPINE AND PELVIS

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

Reason for study: _____

UPPER EXTREMITIES

- HIP BILATERAL 4 View 73520
- HIP AP / LAT (R) (L) 73501
- Femur 2 View (R) (L) 73550
- Knee 1-2 View (R) (L) 73560
- Knee 3 View (R) (L) 73562
- Tibia / Fibula 2 View (R) (L) 73590
- Ankle 3 View (R) (L) 73610
- Foot 3 View (R) (L) 73830
- Heel 2 View (R) (L) 73650
- Toes 2 View (R) (L) 73880

Other: _____

Ultrasounds

Vascular Studies (Rule out DVT)

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

Abdomen

- Complete Abdominal * 76770
- AORTA / AAA 76706
- Renal 76770
- Bladder ** 76657

Pelvic

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

Head and Neck

- Thyroid 76538
- Neck Soft tissue 76538
- RCarotid Duplex Doppler 93980

Reason for study: _____

Breast

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

Other: _____

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

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

CARDIAC STUDIES

- EKG 93900
- Holter Monitor 24 HR 93228
- Echocardiogram 93308
- Pacemaker check 93238

NAME Stella Hovav NPI # 1891953238 FAX # _____
 SIGNATURE [Signature] TODAY'S DATE _____

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: RIVERA HECTOR
DATE OF BIRTH: 01/14/1968
ID/MRN: 20250714131145466
CLINICIAN: AMANZE, STELLA . PA
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 07/14/2025
HISTORY: M25.512-PAIN IN LEFT SHOULDER

SIGNIFICANT FINDINGS

LEFT SHOULDER X-Ray Complete 2 or more views:

LEFT SHOULDER:

Left shoulder two view: There is no evidence of fracture or dislocation. The joint spaces are normal. No osseous or soft tissue pathology.

IMPRESSION:

Negative Study.

Electronically Signed By: Dr. Joseph Dixon M.D. 07/15/2025 9:28:10 EDT

Tech: Dynamic Mobile Xray Services LLC



DYNAMIC
MOBILE XRAY SERVICES LLC

Phone: (570)243-1888
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Email: dynamicmobilexrays@gmail.com
website: dynamicmobilexray.com

MOBILE EXAM ORDER FORM

PATIENT INFORMATION:

NAME RIVERA HECTOR 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

CHEST AND ABDOMEN

- Abdominal KUB 1 View 74018
- Abdominal Flat & Upright 2 View 7402
- Chest 1 View 71046
- 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 70160
- Orbits 4 View 70200
- Nasal Bones 3 View 70180
- Mandible (R) (L) 70100
- Sinuses 70210

UPPER EXTREMITIES

- Clavicle 2 View (R) (L) 73000
- Scapule 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
- 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: _____

PAIN

Ultrasounds: (Mark what is needed)

Vascular Studies (Rule out DVT)

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

Abdomen

- Complete Abdominal * 76770
- AORTA / AAA 76706
- Renal 76770
- Bladder ** 76657

Pelvic

- Pelvic ** 76656
- Pelvic Non-OB ** 76656
- Testicular / Scrotum 76670
- Soft Tissue Groin 76682

Head and Neck

- Thyroid 76536
- Neck Soft tissue 76536
- RC Carotid Duplex Doppler 93980

Reason for study: _____

Breast

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

Other: _____

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

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

CARDIAC STUDIES

- EKG 93000
- Holter Monitor 24 HR 93226
- Echocardiogram 93306
- Pacemaker check 93285

NAME Stella Hernandez NPI # 1891953238 FAX # _____
 SIGNATURE [Signature] TODAY'S DATE _____

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: WALL KELLY
DATE OF BIRTH: 12/02/1981
ID/MRN: 20250714132200195
CLINICIAN: AMANZE, STELLA . PA
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 07/14/2025
HISTORY: M25.511-PAIN IN RIGHT SHOULDER, M25.512-PAIN IN LEFT SHOULDER

LEFT SHOULDER X-Ray Complete 2 or more views:

Technique: Left Shoulder, 2 views

Comparison: None.

Findings: There is no radiographic evidence of acute fracture or dislocation. The humeral head and neck as well as clavicle and scapula are intact. Visualized lung parenchyma is clear. The bony mineralization is normal.

IMPRESSION:

1. No definite radiographic evidence of acute fracture or dislocation.
 2. If there are persistent symptoms, follow up x ray or CT may be obtained as clinically warranted.
-

RIGHT SHOULDER X-Ray Complete 2 or more views:

Technique: Right Shoulder, 2 views

Comparison: None.

Findings: There is no radiographic evidence of acute fracture or dislocation. The humeral head and neck as well as clavicle and scapula are intact. Visualized lung parenchyma is clear. The bony mineralization is normal.

IMPRESSION:

1. No definite radiographic evidence of acute fracture or dislocation.
 2. If there are persistent symptoms, follow up x ray or CT may be obtained as clinically warranted.
-

Electronically Signed By: Dr. Naiyer Imam M.D. 07/15/2025 2:29:29 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 WALL KELLY 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

CHEST AND ABDOMEN

- Abdominal KUB 1 View 74018
- Abdominal Flat & Upright 2 View 7402
- Chest 1 View 71045
- Chest AP / LAT 71046
- Ribs 2 View (R) (L) 71100
- Ribs UNILATERAL + PA Chest 3 View 71101
- Ribs BILATERAL + PA Chest 4 View 71111

HEAD AND NECK

- Skull 70250
- Facial Bones 3 View 70150
- Orbits 4 View 70200
- Nasal Bones 3 View 70180
- Mandible (R) (L) 70100
- Sinuses 70210

UPPER EXTREMITIES

- Clavicle 2 View (R) (L) 73000
- Scapula 2 View (R) (L) 73010
- Shoulder 2 View (R) (L) 73030
- Humerus 2 View (R) (L) 73060
- Elbow 3 View (R) (L) 73080
- Forearm 2 View (R) (L) 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) 73562
- Tibia / Fibula 2 View ... (R) (L) 73580
- Ankle 3 View (R) (L) 73610
- Foot 3 View (R) (L) 73830
- Heel 2 View (R) (L) 73650
- Toes 2 View (R) (L) 73660

Other: _____

Ultrasounds: (Mark what is ordered)

Vascular Studies (Rule out DVT)

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

Abdomen

- Complete Abdominal * 76770
- AORTA / AAA 76708
- Renal 76770
- Bladder ** 76657

Pelvic

- Pelvic ** 76858
- Pelvic Non-OB ** 76856
- Testicular / Scrotum 76870
- Soft Tissue Groin 76882

Head and Neck

- Thyroid 76538
- Neck Soft tissue 76538
- R/Carotid Duplex Doppler 93880

Reason for study: _____

Breast

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

Other: _____

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

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

CARDIAC STUDIES

- EKG 83300
- Holter Monitor 24 HR 83226
- Echocardiogram 83308
- Pacemaker check 83255

NAME Stella Hernandez NPI # 1891953238 FAX # _____
SIGNATURE [Signature] TODAY'S DATE _____

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: MORENO LEONARDO
DATE OF BIRTH: 10/24/1991
ID/MRN: 20250714181803273
CLINICIAN: AMANZE, STELLA . PA
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 07/14/2025
HISTORY: M25.512-PAIN IN LEFT SHOULDER

LEFT SHOULDER X-Ray Complete 2 or more views:

COMPARISON:

None

BONES:

No acute fracture or concerning focal osseous lesion.

JOINTS:

No dislocation. The joint spaces are normal.

SOFT TISSUES:

The soft tissues are unremarkable.

IMPRESSION:

No acute osseous process.

Electronically Signed By: Dr. Asif Anwar M.D. 07/15/2025 4:30:45 EDT

Tech: Dynamic Mobile Xray Services LLC



MOBILE EXAM ORDER FORM

PATIENT INFORMATION

NAME Moveno Leonardo 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

CHEST AND ABDOMEN

- Abdominal KUB 1 View 74018
- Abdominal Flat & Upright 2 View 7402
- Chest 1 View 71046
- 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 70160
- Mandible (R) (L) 70100
- Sinuses 70210

UPPER EXTREMITIES

- Clavicle 2 View (R) (L) 73000
- Scapula 2 View (R) (L) 73010
- Shoulder 2 View (R) (L) 73030
- Humerus 2 View (R) (L) 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) 73560
- Knee 1-2 View (R) (L) 73580
- Knee 3 View (R) (L) 73562
- Tibia / Fibula 2 View ... (R) (L) 73580
- Ankle 3 View (R) (L) 73610
- Foot 3 View (R) (L) 73830
- Heel 2 View (R) (L) 73650
- Toes 2 View (R) (L) 73660

Other: _____

Ultrasounds: (Mark what's needed)

Vascular Studies (Rule out DVT)

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

Abdomen

- Complete Abdominal* 78770
- AORTA / AAA 78706
- Renal 78770
- Bladder** 78657

Pelvic

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

Head and Neck

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

Reason for study: _____

Breast

- Breast (Bilat) (R) (L) 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 93000
- Holter Monitor 24 HR 93228
- Echocardiogram 93308
- Pacemaker check 93285

RECEIVING OFFICE
NAME Stella Hernandez NPI # 1891953238 FAX # _____
SIGNATURE [Signature] TODAY'S DATE _____