

~~3060 East Fremont~~  
3060 East Fremont

# DAILY SIGN IN

DATE: 07/17/2025

110461

PLEASE PRINT NAME

PATIENT NAME	PATIENT NAME
1. Francisco Zapata	21.
2. Calderon leudi	22.
3. Luis pelegrin	23.
4. alpha Diallo	24.
5. Luis Sandy Lopez	25.
6. Gomez peng	26.
7. Joshua Arquet	27.
8. Candelario Johnny	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.

07/17/2025

**(01075)-Candelario Jhonny**

Date of Birth - 11/26/1999 Sex - Male Marital Status - Married

Address: 209 E 26th Street #1, Paterson, NY, 07514  
Phone #: (862) 428-9825

Social Security# - 000-00-0000

Employer or Company Name: N/A  
Address: N/A  
Emergency Name:  
Work Phone #:

Date of Accident - 05/15/2025  
Time/Place Accident - Wheeler Ave Bronx NY  
Date of Visit - 05/16/2025  
Condition Related to : Auto Accident

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

Claim# - 8814950630000001  
Policy Adjuster - Viviana Luna  
Policy Effective Date - 12/05/2024  
Policy# - 6164628668  
Policy holder - Jhonny Candelario  
WCB# -  
Carrier case # -

Attorney - Firm Name -  
Attorney Address -  
Attorney Phone - Fax - Contact Person -

Other Insurance -  
Medicare -

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### DYNAMIC MOBILE XRAY SERVICES LLC

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

#### Radiology Interpretation

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**PATIENT NAME:** JHONNY CANDELARIO  
**DATE OF BIRTH:** 11/26/1999  
**ID/MRN:** 20250717181425487  
**CLINICIAN:** ROSENBERG, GLENN.DR  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 07/17/2025  
**HISTORY:** M25.512-PAIN IN LEFT SHOULDER, M25.561-PAIN IN RIGHT KNEE, M25.562-PAIN IN LEFT KNEE

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**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.**

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

No fracture subluxation noted. No abnormal masses calcifications noted.

**IMPRESSION:**

**No significant abnormalities noted**

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

No fracture subluxation noted. No abnormal masses calcifications noted.

**IMPRESSION:**

**No significant abnormalities noted**

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**Electronically Signed By:** Steven Brownstein MD 07/25/2025 21:30:47 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 PORTABLE X-RAY ORDER FORM**

DATE 07/17/2005

**YOUR INFORMATION:**

NAME Johnny Cardelano D.O.B. 1/1 SS# \_\_\_\_\_  MALE  FEMALE  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
 FACILITY (IF APPLICABLE) \_\_\_\_\_ ROOM# (IA) \_\_\_\_\_ ADDRESS (IA) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PRIMARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_  
 SECONDARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

**PROCEDURE: (Circle what is needed)**

ABDOMEN ..... KUB 1 view ..... <input type="checkbox"/> 74090 Complete 2 views ..... <input type="checkbox"/> 74020 Acute w/chest 3 views ..... <input type="checkbox"/> 74022	HAND ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73130 HEEL ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73650 HIP ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73510 Bilateral 2 views (each hip) - R <input type="checkbox"/> L <input type="checkbox"/> 73520	SACRUM & COCCYX. Min. 3 views ..... <input type="checkbox"/> 72220 SCAPULA ..... 2 views - ..... R <input type="checkbox"/> L <input type="checkbox"/> 73010 SC JOINTS ..... 3 views ..... <input type="checkbox"/> 71130
AC JOINTS W/ & W/O WEIGHTS 2 views ..... <input type="checkbox"/> 73050	HUMERUS ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73060	<b>SHOULDER</b> ..... Complete, 2 views - R <input type="checkbox"/> L <input checked="" type="checkbox"/> 73030
ANKLE ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73600 Complete 3 views ..... <input type="checkbox"/> 73610	<b>KNEE</b> ..... Limited 1 or 2 views R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> 73560 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73562 Complete 4 views - R <input type="checkbox"/> L <input type="checkbox"/> 73564 Both knees, AP standing - R <input type="checkbox"/> L <input type="checkbox"/> 73565	SI JOINTS ..... Complete, 2 views ..... <input type="checkbox"/> 72200 SINUSES ..... Limited 2 or less ..... <input type="checkbox"/> 70210 Complete 3+ views ..... <input type="checkbox"/> 70220
BONE AGE ..... 1 view ..... <input type="checkbox"/> 77072	LUMBAR ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72100 Complete 4 views w/obl ..... <input type="checkbox"/> 72110 Complete w/bending 7 views ..... <input type="checkbox"/> 72114 Limited w/bending 4 views ..... <input type="checkbox"/> 72120	SKULL ..... Limited 3 views or less ..... <input type="checkbox"/> 70250 Complete 4 views ..... <input type="checkbox"/> 70260
BONE SURVEY .. Complete ..... <input type="checkbox"/> 77075	MANDIBLE ..... Limited 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 70100 Complete 4 views ..... <input type="checkbox"/> 70110	STERNUM ..... Complete 2 views ..... <input type="checkbox"/> 71120 THORACIC ..... 3 views ..... <input type="checkbox"/> 72072 THORACOLUMBAR. 2 views ..... <input type="checkbox"/> 72080
CERVICAL ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72040 Complete w/min. 4 views ..... <input type="checkbox"/> 72050 Complete w/flex & ext. 7 view ..... <input type="checkbox"/> 72052	MASTOIDS ..... Complete min. 3 views ..... <input type="checkbox"/> 70130	TIBIA/FIBULA (LOWER LEG) Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73590
CHEST ..... Limited 1 view ..... <input type="checkbox"/> 71045 Complete 2 views ..... <input type="checkbox"/> 71046 Complete w/lordotic 3 views ..... <input type="checkbox"/> 71047 Complete 4 views ..... <input type="checkbox"/> 71048 Special views Decubitus ..... <input type="checkbox"/> 71035	NASAL BONES .. Comp. min. 3 views ..... <input type="checkbox"/> 70160	TMJ ..... Bilateral open/closed ..... <input type="checkbox"/> 70330 TOE # ..... Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73660 WRIST ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73110
CLAVICLE ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73000	NECK ..... Soft tissue 2 views ..... <input type="checkbox"/> 70360	<b>INFANT X-RAY</b>
ELBOW ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73080	ORBITS ..... Complete 4 views ..... <input type="checkbox"/> 70200 MRI screening ..... <input type="checkbox"/> 70030	EXTREMITY Lower. 2 views ..... <input type="checkbox"/> 73592 EXTREMITY Upper. 2 views ..... <input type="checkbox"/> 73092
FACIAL BONES .. Complete 3 or more views ..... <input type="checkbox"/> 70150	PELVIS ..... Complete 1 or 2 views ..... <input type="checkbox"/> 72170	PELVIS & HIPS .. min. 2 views ..... <input type="checkbox"/> 73540
FEMUR ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73550	RIBS ..... Unilateral 2 views ..... <input type="checkbox"/> 71100 3 views includes PA chest (trauma) <input type="checkbox"/> 71101 Bilateral, 3 views ..... <input type="checkbox"/> 71110 4 views includes PA chest ..... <input type="checkbox"/> 71111	WRIST ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73100 OTHER _____
FINGER(S) # .. Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73140		
FOOT ..... Weight bearing 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73620 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73630		
FOREARM ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73090		

**REQUESTING PHYSICIAN:**

NAME Glenn Rosenberg NPI# 1982790962 FAX RESULTS TO \_\_\_\_\_  
 INDICATE REASON FOR STUDY PAIN SIGNATURE [Signature]

**FOR OFFICE USE ONLY:**

TECHNICIAN \_\_\_\_\_ TECHNIQUE \_\_\_\_\_ # OF VIEWS \_\_\_\_\_  
 X-RAY SENT TO RADIOLOGIST \_\_\_\_\_ DATE X-RAY SENT \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PATIENT ID # \_\_\_\_\_ # OF CD \_\_\_\_\_

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

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

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

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

I, Manny Conoladori, ("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.

Manny Conoladori  
(Print name of Patient)

Manny Conoladori  
(Signature of Patient)

\_\_\_\_\_

07/17/2025  
(Date of signature)

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

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE

07/17/2025  
(Date of signature)

EAST STROUDSBURG PA 18301  
(Address of Provider)

**DYNAMIC MOBILE XRAY SERVICES LLC**

**3412 BLUESTONE LANE**

**EAST STROUDSBURG PA 18301**

**Tel: (570) 243-1888**

**X-Ray Consent Form**

**Parent Consent To X-Ray:**

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

Signed: Sherry Condelario Date: 07/17/2025

**Consent To X-Ray:**

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

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

**Females: Regarding Possibility of Pregnancy**

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

Signed: \_\_\_\_\_ Date: 07/17/2025

07/17/2025

**(01083)-Argueta Joshua E**

Date of Birth - 06/03/1986 Sex - Male Marital Status - Single

Address: 2 Hunts Bridge Rd #1, Yonkers, NY, 10704  
Phone #: (347) 271-1932

Social Security# - 000-00-0000

Employer or Company Name: N/A

Address: N/A

Emergency Name: Elda Polanco (347)447-9931

Work Phone #:

Date of Accident - 06/28/2025

Time/Place Accident - GWB Lower Expressway

Date of Visit - 07/01/2025

Condition Related to : Auto Accident

Insurance Company : StateFarm

Address:

Phone: Fax:

Claim# -

Policy Effective Date -

Policy# - 500 3505-F05-33

Policy holder - Jose Argueta

WCB# -

Carrier case # -

Attorney - Firm Name -

Attorney Address -

Attorney Phone - Fax -

Contact Person -

Other Insurance -

Medicare -

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**DYNAMIC MOBILE XRAY SERVICES LLC**

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

**Radiology Interpretation**

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**PATIENT NAME:** ARGUETA JOSHUA  
**DATE OF BIRTH:** 06/03/1986  
**ID/MRN:** 20250717181649114  
**CLINICIAN:** ROSENBERG, GLENN.DR  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 07/17/2025  
**HISTORY:** M54.6-PAIN IN THORACIC SPINE, M25.472-EFFUSION, LEFT ANKLE

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**SPINE THORACIC X-RAY 2 view:**

No fracture noted. Anterolateral spondylitic change throughout the thoracic column. No paraspinal soft tissue mass noted. Neural foramina for patent.

**IMPRESSION:**

**Anterolateral spondylitic change throughout the thoracic column.**

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**LEFT ANKLE X-Ray Complete 3 view:**

No fracture subluxation noted. Ankle mortise well maintained base of the 5th metatarsal bone appear intact.

**IMPRESSION:**

**No significant abnormalities noted**

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**Electronically Signed By:** Steven Brownstein MD 07/25/2025 21:30:13 EDT

**Tech:** Dynamic Mobile Xray Services LLC



**MOBILE PORTABLE X-RAY ORDER FORM**

DATE      /      /     

**YOUR INFORMATION:**

NAME Arqueta Joshua D.O.B.      /      /      SS#       MALE  FEMALE

ADDRESS      CITY      STATE      ZIP      PHONE (      )      -     

FACILITY (IF APPLICABLE)      ROOM# (IA)      ADDRESS (IA)      CITY      STATE      ZIP     

PRIMARY INSURANCE NAME      INSURANCE ID #     

SECONDARY INSURANCE NAME      INSURANCE ID #     

**PROCEDURE: (Circle what is needed)**

<p>ABDOMEN ..... KUB 1 view ..... <input type="checkbox"/> 74000 Complete 2 views ..... <input type="checkbox"/> 74020 Acute w/chest 3 views ..... <input type="checkbox"/> 74022</p> <p>AC JOINTS W/ &amp; W/O WEIGHTS 2 views ..... <input type="checkbox"/> 73050</p> <p><b>ANKLE</b> ..... Limited 2 views - R <input type="checkbox"/> L <input checked="" type="checkbox"/> 73600 Complete 3 views ..... <input type="checkbox"/> 73610</p> <p>BONE AGE ..... 1 view ..... <input type="checkbox"/> 77072</p> <p>BONE SURVEY .. Complete ..... <input type="checkbox"/> 77075</p> <p>CERVICAL ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72040 Complete w/min. 4 views ..... <input type="checkbox"/> 72050 Complete w/flex &amp; ext. 7 view <input type="checkbox"/> 72052</p> <p>CHEST ..... Limited 1 view ..... <input type="checkbox"/> 71045 Complete 2 views ..... <input type="checkbox"/> 71046 Complete w/lordotic 3 views .. <input type="checkbox"/> 71047 Complete 4 views ..... <input type="checkbox"/> 71048 Special views Decubitus ..... <input type="checkbox"/> 71035</p> <p>CLAVICLE ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73000</p> <p>ELBOW ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73080</p> <p>FACIAL BONES.. Complete 3 or more views ..... <input type="checkbox"/> 70150</p> <p>FEMUR ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73550</p> <p>FINGER(S) # <u>    </u> Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73140</p> <p>FOOT ..... Weight bearing 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73620 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73630</p> <p>FOREARM ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73090</p>	<p>HAND ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73130</p> <p>HEEL ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73650</p> <p>HIP ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73510 Bilateral 2 views (each hip) - R <input type="checkbox"/> L <input type="checkbox"/> 73520</p> <p>HUMERUS ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73060</p> <p>KNEE ..... Limited 1 or 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73560 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73562 Complete 4 views - R <input type="checkbox"/> L <input type="checkbox"/> 73564 Both knees, AP standing - R <input type="checkbox"/> L <input type="checkbox"/> 73565</p> <p>LUMBAR ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72100 Complete 4 views w/obl ..... <input type="checkbox"/> 72110 Complete w/bending 7 views <input type="checkbox"/> 72114 Limited w/bending 4 views... <input type="checkbox"/> 72120</p> <p>MANDIBLE ..... Limited 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 70100 Complete 4 views ..... <input type="checkbox"/> 70110</p> <p>MASTOIDS ..... Complete min. 3 views ..... <input type="checkbox"/> 70130</p> <p>NASAL BONES .. Comp. min. 3 views ..... <input type="checkbox"/> 70160</p> <p>NECK ..... Soft tissue 2 views ..... <input type="checkbox"/> 70360</p> <p>ORBITS ..... Complete 4 views ..... <input type="checkbox"/> 70200 MRI screening ..... <input type="checkbox"/> 70030</p> <p>PELVIS ..... Complete 1 or 2 views ..... <input type="checkbox"/> 72170</p> <p>RIBS ..... Unilateral 2 views ..... <input type="checkbox"/> 71100 3 views Includes PA chest (trauma) <input type="checkbox"/> 71101 Bilateral, 3 views ..... <input type="checkbox"/> 71110 4 views Includes PA chest ..... <input type="checkbox"/> 71111</p>	<p>SACRUM &amp; COCCYX. Min. 3 views ..... <input type="checkbox"/> 72220</p> <p>SCAPULA ..... 2 views - ..... R <input type="checkbox"/> L <input type="checkbox"/> 73010</p> <p>SC JOINTS ..... 3 views ..... <input type="checkbox"/> 71130</p> <p>SHOULDER ..... Complete, 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73030</p> <p>SI JOINTS ..... Complete, 2 views ..... <input type="checkbox"/> 72200</p> <p>SINUSES ..... Limited 2 or less ..... <input type="checkbox"/> 70210 Complete 3+ views ..... <input type="checkbox"/> 70220</p> <p>SKULL ..... Limited 3 views or less ..... <input type="checkbox"/> 70250 Complete 4 views ..... <input type="checkbox"/> 70260</p> <p>STERNUM ..... Complete 2 views ..... <input type="checkbox"/> 71120</p> <p><b>THORACIC</b> ..... 2 views ..... <input checked="" type="checkbox"/> 72072</p> <p>THORACOLUMBAR. 2 views ..... <input type="checkbox"/> 72080</p> <p>TIBIA/FIBULA (LOWER LEG) Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73590</p> <p>TMJ ..... Bilateral open/closed ..... <input type="checkbox"/> 70330</p> <p>TOE # <u>    </u> Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73660</p> <p>WRIST ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73110</p> <p><b>INFANT X-RAY</b></p> <p>EXTREMITY Lower. 2 views ..... <input type="checkbox"/> 73592</p> <p>EXTREMITY Upper. 2 views ..... <input type="checkbox"/> 73092</p> <p>PELVIS &amp; HIPS .. min. 2 views ..... <input type="checkbox"/> 73540</p> <p>WRIST ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73100</p> <p>OTHER <u>    </u></p>
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**REQUESTING PHYSICIAN:**

NAME Glenn Rosenberg NPI# 1982790962 FAX RESULTS TO     

INDICATE REASON FOR STUDY PAIN SIGNATURE     

**FOR OFFICE USE ONLY:**

TECHNICIAN      TECHNIQUE      # OF VIEWS     

X-RAY SENT TO RADIOLOGIST      DATE X-RAY SENT      /      /      PATIENT ID.#      # OF CD     

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

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

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

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

I, JOSHUA ARCETA ("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.

JOSHUA ARCETA  
(Print name of Patient)

[Signature]  
(Signature of Patient)

07/17/2025  
(Date of signature)

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

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE

07/17/2025  
(Date of signature)

EAST STROUDSBURG PA 18301  
(Address of Provider)

**DYNAMIC MOBILE XRAY SERVICES LLC**

**3412 BLUESTONE LANE**

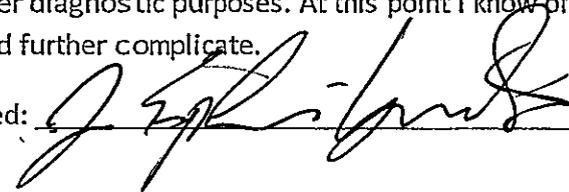
**EAST STROUDSBURG PA 18301**

**Tel: (570) 243-1888**

**X-Ray Consent Form**

**Parent Consent To X-Ray:**

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

Signed:  Date: 07/17/2025

**Consent To X-Ray:**

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

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

**Females: Regarding Possibility of Pregnancy**

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

Signed: \_\_\_\_\_ Date: 07/17/2025



**DYNAMIC MOBILE XRAY SERVICES LLC**

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

**Radiology Interpretation**

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**PATIENT NAME:** ZAPATA FRANCISCO  
**DATE OF BIRTH:** 05/28/1985  
**ID/MRN:** 20250717130244119  
**CLINICIAN:** ROSENBERG, GLENN.DR  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 07/17/2025  
**HISTORY:** M25.512-PAIN IN LEFT SHOULDER, M54.6-PAIN IN THORACIC SPINE

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**SPINE THORACIC X-RAY 2 view:**

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

**IMPRESSION:**

Tilt of the thoracic column to left noted. Remainder study unremarkable.

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**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.

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**Electronically Signed By:** Steven Brownstein MD 07/25/2025 21:25:51 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 PORTABLE X-RAY ORDER FORM**

DATE 07/17/2022 ST

**YOUR INFORMATION:**

NAME Zapata Francisco D.O.B. 1/1 SS# \_\_\_\_\_  MALE  FEMALE  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
 FACILITY (IF APPLICABLE) \_\_\_\_\_ ROOM# (IA) \_\_\_\_\_ ADDRESS (IA) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PRIMARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_  
 SECONDARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

**PROCEDURE: (Circle what is needed)**

<p>ABDOMEN ..... KUB 1 view ..... <input type="checkbox"/> 74000          Complete 2 views ..... <input type="checkbox"/> 74020          Acute w/chest 3 views ..... <input type="checkbox"/> 74022</p> <p>AC JOINTS W/ &amp; W/O WEIGHTS          2 views ..... <input type="checkbox"/> 73050</p> <p>ANKLE ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73600          Complete 3 views ..... <input type="checkbox"/> 73610</p> <p>BONE AGE ..... 1 view ..... <input type="checkbox"/> 77072</p> <p>BONE SURVEY .. Complete ..... <input type="checkbox"/> 77075</p> <p>CERVICAL ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72040          Complete w/min. 4 views ..... <input type="checkbox"/> 72050          Complete w/flex &amp; ext. 7 view ..... <input type="checkbox"/> 72052</p> <p>CHEST ..... Limited 1 view ..... <input type="checkbox"/> 71045          Complete 2 views ..... <input type="checkbox"/> 71046          Complete w/lordotic 3 views ..... <input type="checkbox"/> 71047          Complete 4 views ..... <input type="checkbox"/> 71048          Special views Decubitus ..... <input type="checkbox"/> 71035</p> <p>CLAVICLE ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73000</p> <p>ELBOW ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73080</p> <p>FACIAL BONES .. Complete 3 or more views ..... <input type="checkbox"/> 70150</p> <p>FEMUR ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73550</p> <p>FINGER(S) # . Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73140</p> <p>FOOT ..... Weight bearing 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73620          Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73630</p> <p>FOREARM ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73090</p>	<p>HAND ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73130</p> <p>HEEL ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73650</p> <p>HIP ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73510          Bilateral 2 views (each hip) - R <input type="checkbox"/> L <input type="checkbox"/> 73520</p> <p>HUMERUS ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73060</p> <p>KNEE ..... Limited 1 or 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73560          Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73562          Complete 4 views - R <input type="checkbox"/> L <input type="checkbox"/> 73564          Both knees, AP standing - R <input type="checkbox"/> L <input type="checkbox"/> 73565</p> <p>LUMBAR ..... Limited 2 or 3 views ..... <input type="checkbox"/> 72100          Complete 4 views w/obl ..... <input type="checkbox"/> 72110          Complete w/bending 7 views ..... <input type="checkbox"/> 72114          Limited w/bending 4 views ..... <input type="checkbox"/> 72120</p> <p>MANDIBLE ..... Limited 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 70100          Complete 4 views ..... <input type="checkbox"/> 70110</p> <p>MASTOIDS ..... Complete min. 3 views ..... <input type="checkbox"/> 70130</p> <p>NASAL BONES .. Comp. min. 3 views ..... <input type="checkbox"/> 70160</p> <p>NECK ..... Soft tissue 2 views ..... <input type="checkbox"/> 70360</p> <p>ORBITS ..... Complete 4 views ..... <input type="checkbox"/> 70200          MRI screening ..... <input type="checkbox"/> 70030</p> <p>PELVIS ..... Complete 1 or 2 views ..... <input type="checkbox"/> 72170</p> <p>RIBS ..... Unilateral 2 views ..... <input type="checkbox"/> 71100          3 views includes PA chest (trauma) <input type="checkbox"/> 71101          Bilateral, 3 views ..... <input type="checkbox"/> 71110          4 views includes PA chest ..... <input type="checkbox"/> 71111</p>	<p>SACRUM &amp; COCCYX: Min. 3 views ..... <input type="checkbox"/> 72220</p> <p>SCAPULA ..... 2 views - ..... R <input type="checkbox"/> L <input type="checkbox"/> 73010</p> <p>SC JOINTS ..... 3 views ..... <input type="checkbox"/> 71130</p> <p><b>SHOULDER</b> ..... Complete, 2 views - R <input type="checkbox"/> L <input checked="" type="checkbox"/> 73030</p> <p>SI JOINTS ..... Complete, 2 views ..... <input type="checkbox"/> 72200</p> <p>SINUSES ..... Limited 2 or less ..... <input type="checkbox"/> 70210          Complete 3+ views ..... <input type="checkbox"/> 70220</p> <p>SKULL ..... Limited 3 views or less ..... <input type="checkbox"/> 70250          Complete 4 views ..... <input type="checkbox"/> 70260</p> <p>STERNUM ..... Complete 2 views ..... <input type="checkbox"/> 71170</p> <p><b>THORACIC</b> ..... 2 views ..... <input checked="" type="checkbox"/> 72072</p> <p>THORACOLUMBAR. 2 views ..... <input type="checkbox"/> 72080</p> <p>TIBIA/FIBULA (LOWER LEG)          Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73590</p> <p>TMJ ..... Bilateral open/closed ..... <input type="checkbox"/> 70330</p> <p>TOE # ..... Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73660</p> <p>WRIST ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73110</p> <p><b>INFANT X-RAY</b></p> <p>EXTREMITY Lower. 2 views ..... <input type="checkbox"/> 73592          EXTREMITY Upper. 2 views ..... <input type="checkbox"/> 73092          PELVIS &amp; HIPS .. min. 2 views ..... <input type="checkbox"/> 73540          WRIST ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73100          OTHER _____</p>
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**REQUESTING PHYSICIAN:**

NAME Glenn Rosenberg NPI# 1982790962 FAX RESULTS TO 1  
 INDICATE REASON FOR STUDY PAIN SIGNATURE [Signature]

**FOR OFFICE USE ONLY:**

TECHNICIAN \_\_\_\_\_ TECHNIQUE \_\_\_\_\_ # OF VIEWS \_\_\_\_\_  
 X-RAY SENT TO RADIOLOGIST \_\_\_\_\_ DATE X-RAY SENT 7/17/2022 PATIENT ID # \_\_\_\_\_ # OF CD \_\_\_\_\_

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

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

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

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

L. FRANCISCO ZAPATA ("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.

L. FRANCISCO ZAPATA  
(Print name of Patient)

Jefferson Zapata  
(Signature of Patient)

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

07/17/2025  
(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)

07/17/2025  
(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: Jefferson Zapata Date: 07/17/2025

**Consent To X-Ray:**

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

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

**Females: Regarding Possibility of Pregnancy**

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

Signed: \_\_\_\_\_ Date: 07/17/2025

07/17/2025

**(01077)-Pelegrin Luis M**

Date of Birth - 08/05/1985 Sex - Male Marital Status - Single

Address: 2759 Matthews Ave #1, The Bronx, NY, 10467  
Phone #: (347) 847-9257

Social Security# - xxx-xx-9257

Employer or Company Name: N/A

Address: N/A

Emergency Name: Shani Henriquez (347)872-8418  
Work Phone #:

Date of Accident - 05/27/2025  
Time/Place Accident - Bronx, Barton Ave  
Date of Visit - 06/10/2025  
Condition Related to : Auto Accident

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

Claim# - 8851293570000001  
Policy Adjuster - Deanna Casey  
Policy Effective Date -  
Policy# - 6203051435  
Policy holder - Jorge Urena Santiago  
WCB# -  
Carrier case # -

Attorney - Denis Firm Name - The Law Office of Stanislaw Landnik, P.C.  
Attorney Address - 1221 Gravesend Neck Rd Brooklyn, New York 11229  
Attorney Phone - 718.362.3111 Fax - 347.521.2085  
Contact Person - Denis

Other Insurance -  
Medicare -

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**DYNAMIC MOBILE XRAY SERVICES LLC**

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

**Radiology Interpretation**

---

**PATIENT NAME:** PELEGRIN LUIS  
**DATE OF BIRTH:** 08/05/1985  
**ID/MRN:** 20250717152200541  
**CLINICIAN:** ROSENBERG, GLENN.DR  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 07/17/2025  
**HISTORY:** M54.6-PAIN IN THORACIC SPINE, M25.511-PAIN IN RIGHT SHOULDER, M25.561-PAIN IN RIGHT KNEE

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**SPINE THORACIC X-RAY 2 view:**

The vertebral bodies appear normal height. Anterolateral spondylitic change noted. No paraspinal soft tissue mass noted.

**IMPRESSION:**

**No significant abnormalities noted**

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**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.**

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

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

**IMPRESSION:**

**No significant abnormalities noted**

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**Electronically Signed By:** Steven Brownstein MD 07/25/2025 21:27:52 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 PORTABLE X-RAY ORDER FORM**

DATE 07/17/25

**YOUR INFORMATION:**

NAME Pellegrin Luis D.O.B.  / /  SS# \_\_\_\_\_  MALE  FEMALE  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
 FACILITY (IF APPLICABLE) \_\_\_\_\_ ROOM# (IA) \_\_\_\_\_ ADDRESS (IA) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PRIMARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_  
 SECONDARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

**PROCEDURE: (Circle what is needed)**

<p>ABDOMEN ..... KUB 1 view ..... <input type="checkbox"/> 74000          Complete 2 views..... <input type="checkbox"/> 74020          Acute w/chest 3 views..... <input type="checkbox"/> 74022</p> <p>AC JOINTS W/ &amp; W/O WEIGHTS          2 views..... <input type="checkbox"/> 73050</p> <p>ANKLE ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73600          Complete 3 views..... <input type="checkbox"/> 73610</p> <p>BONE AGE..... 1 view..... <input type="checkbox"/> 77072</p> <p>BONE SURVEY.. Complete..... <input type="checkbox"/> 77075</p> <p>CERVICAL ..... Limited 2 or 3 views..... <input type="checkbox"/> 72040          Complete w/min. 4 views..... <input type="checkbox"/> 72050          Complete w/flex &amp; ext. 7 view..... <input type="checkbox"/> 72052</p> <p>CHEST ..... Limited 1 view..... <input type="checkbox"/> 71045          Complete 2 views..... <input type="checkbox"/> 71046          Complete w/tortotic 3 views . <input type="checkbox"/> 71047          Complete 4 views..... <input type="checkbox"/> 71048          Special views Decubitus..... <input type="checkbox"/> 71035</p> <p>CLAVICLE ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73000</p> <p>ELBOW..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73080</p> <p>FACIAL BONES.. Complete 3 or more views..... <input type="checkbox"/> 70150</p> <p>FEMUR..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73550</p> <p>FINGER(S) # . Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73140</p> <p>FOOT ..... Weight bearing 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73620          Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73630</p> <p>FOREARM ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73090</p>	<p>HAND..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73130</p> <p>HEEL..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73650</p> <p>HIP ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73510          Bilateral 2 views (each hip) - R <input type="checkbox"/> L <input type="checkbox"/> 73520</p> <p>HUMERUS..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73060</p> <p><b>KNEE</b> ..... Limited 1 or 2 views R <input checked="" type="checkbox"/> L <input type="checkbox"/> 73560          Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73562          Complete 4 views - R <input type="checkbox"/> L <input type="checkbox"/> 73564          Both knees, AP standing - R <input type="checkbox"/> L <input type="checkbox"/> 73565</p> <p>LUMBAR ..... Limited 2 or 3 views..... <input type="checkbox"/> 72100          Complete 4 views w/obl..... <input type="checkbox"/> 72110          Complete w/bending 7 views..... <input type="checkbox"/> 72114          Limited w/bending 4 views..... <input type="checkbox"/> 72120</p> <p>MANDIBLE .... Limited 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 70100          Complete 4 views..... <input type="checkbox"/> 70110</p> <p>MASTOIDS ..... Complete min. 3 views ..... <input type="checkbox"/> 70130</p> <p>NASAL BONES.. Comp. min. 3 views ..... <input type="checkbox"/> 70160</p> <p>NECK ..... Soft tissue 2 views..... <input type="checkbox"/> 70360</p> <p>ORBITS..... Complete 4 views..... <input type="checkbox"/> 70200          MRI screening..... <input type="checkbox"/> 70030</p> <p>PELVIS ..... Complete 1 or 2 views ..... <input type="checkbox"/> 72170</p> <p>RIBS..... Unilateral 2 views..... <input type="checkbox"/> 71100          3 views Includes PA chest (trauma) <input type="checkbox"/> 71101          Bilateral, 3 views ..... <input type="checkbox"/> 71110          4 views includes PA chest ..... <input type="checkbox"/> 71111</p>	<p>SACRUM &amp; COCCYX. Min. 3 views..... <input type="checkbox"/> 72220</p> <p>SCAPULA ..... 2 views - ..... R <input type="checkbox"/> L <input type="checkbox"/> 73010</p> <p>SC JOINTS..... 3 views..... <input type="checkbox"/> 71130</p> <p><b>SHOULDER</b>..... Complete, 2 views - R <input checked="" type="checkbox"/> L <input type="checkbox"/> 73030</p> <p>SI JOINTS..... Complete, 2 views..... <input type="checkbox"/> 72200</p> <p>SINUSES ..... Limited 2 or less..... <input type="checkbox"/> 70210          Complete 3+ views..... <input type="checkbox"/> 70220</p> <p>SKULL ..... Limited 3 views or less..... <input type="checkbox"/> 70250          Complete 4 views..... <input type="checkbox"/> 70260</p> <p>STERNUM ..... Complete 2 views..... <input type="checkbox"/> 71120</p> <p><b>THORACIC</b>..... 2 views..... <input checked="" type="checkbox"/> 72072</p> <p>THORACOLUMBAR. 2 views..... <input type="checkbox"/> 72080</p> <p>TIBIA/FIBULA (LOWER LEG)          Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73590</p> <p>TMJ..... Bilateral open/closed ..... <input type="checkbox"/> 70330</p> <p>TOE # ..... Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73660</p> <p>WRIST ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73110</p> <p><b>INFANT X-RAY</b></p> <p>EXTREMITY Lower. 2 views..... <input type="checkbox"/> 73592</p> <p>EXTREMITY Upper. 2 views..... <input type="checkbox"/> 73092</p> <p>PELVIS &amp; HIPS... min. 2 views..... <input type="checkbox"/> 73540</p> <p>WRIST ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73100</p> <p>OTHER _____</p>
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**REQUESTING PHYSICIAN:**

NAME Glenn Rosenberg NPI# 1982790962 FAX RESULTS TO ( ) \_\_\_\_\_  
 INDICATE REASON FOR STUDY PAIN SIGNATURE [Signature]

**FOR OFFICE USE ONLY:**

TECHNICIAN \_\_\_\_\_ TECHNIQUE \_\_\_\_\_ # OF VIEWS \_\_\_\_\_  
 X-RAY SENT TO RADIOLOGIST \_\_\_\_\_ DATE X-RAY SENT  / /  PATIENT ID # \_\_\_\_\_ # OF CD \_\_\_\_\_

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

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

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

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

Louis Pelegri ("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.

Louis Pelegri  
(Print name of Patient)

[Signature]  
(Signature of Patient)

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

07/17/2025  
(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)

07/17/2025  
(Date of signature)

**DYNAMIC MOBILE XRAY SERVICES LLC**

**3412 BLUESTONE LANE**

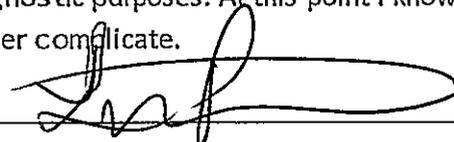
**EAST STROUDSBURG PA 18301**

**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:  Date: 07/17/2025

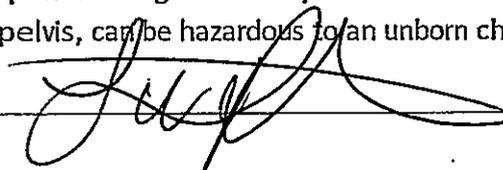
**Consent To X-Ray:**

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

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

**Females: Regarding Possibility of Pregnancy**

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

Signed:  Date: 07/17/2025

07/17/2025

**(01086)-Lopez #2 Luis Sandy**

Date of Birth - 12/15/1989 Sex - Male Marital Status - Single

Address: 1938 Loring Pl, Bronx, NY, 10453  
Phone #: (646) 943-0052

Social Security# -

Employer or Company Name: N/A  
Address: N/A  
Emergency Name:  
Work Phone #:

Date of Accident - 07/03/2025  
Time/Place Accident - Mount Vernon ( Phelan Ave )  
Date of Visit - 07/07/2025  
Condition Related to : Auto Accident

Insurance Company :  
Address:

Phone: Fax:

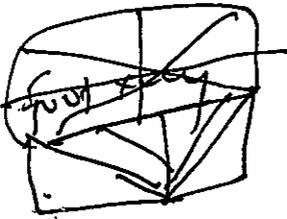
Claim# -  
Policy Effective Date -  
Policy# -  
Policy holder -  
WCB# -  
Carrier case # -

*NO CLAIM #  
YET.*

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**

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**PATIENT NAME:** LOPEZ LUIS SANDY  
**DATE OF BIRTH:** 12/15/1989  
**ID/MRN:** 20250717173552010  
**CLINICIAN:** ROSENBERG, GLENN.DR  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 07/17/2025  
**HISTORY:** M54.6-PAIN IN THORACIC SPINE, M25.511-PAIN IN RIGHT SHOULDER, M25.561-PAIN IN RIGHT KNEE, M25.562-PAIN IN LEFT KNEE

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**SPINE THORACIC X-RAY 2 view:**

Technique: Thoracic spine, 2 views

Comparison: None.

Findings: There is normal alignment of thoracic spine with no subluxation. There are no compression deformities. The bony mineralization is normal.

**IMPRESSION:**

1. Normal alignment of thoracic spine with no subluxation.
  2. No compression deformities or fractures demonstrated radiographically. If there is persistent pain, follow up CT or MRI 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.
- 

**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.
-

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

Technique: Right 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. 07/25/2025 22:34:12 EDT

**Tech:** Dynamic Mobile Xray Services LLC



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

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

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

Luis Sardi Lopez, ("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.

Luis Sardi Lopez  
(Print name of Patient)

Luis Sardi Lopez  
(Signature of Patient)

07/17/2025  
(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)

07/17/2025  
(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: Luisa Cotez Date: 07/17/2025

**Consent To X-Ray:**

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

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

**Females: Regarding Possibility of Pregnancy**

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

Signed: Luisa Cotez Date: 07/17/2025

07/17/2025

**(01073)-Perez Calderon Leudi**

Date of Birth - 12/20/1994    Sex - Male    Marital Status - Single

Address: 64 Ludlow St #PH, Yonkers, NY, 10705  
Phone #: (646) 819-3652

Social Security# - 000-00-0000

Employer or Company Name: N/A

Address: N/A

Emergency Name: Junior Perez ( 646-288-8654 )

Work Phone #:

Date of Accident - 05/07/2025

Time/Place Accident -

Date of Visit - 05/08/2025

Condition Related to : Auto Accident

Insurance Company : Integon National Insurance

Address:

Phone:    Fax:

Claim# - 250437028

Policy Effective Date -

Policy# - BR771740-1

Policy holder - Leudi A Perez Calderon

WCB# -

Carrier case # -

Attorney -    Firm Name -

Attorney Address -

Attorney Phone -    Fax -

Contact Person -

Other Insurance -

Medicare -

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**DYNAMIC MOBILE XRAY SERVICES LLC**

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

**Radiology Interpretation**

---

**PATIENT NAME:** PEREZ CALDERON LEUDI  
**DATE OF BIRTH:** 12/20/1994  
**ID/MRN:** 20250717142226352  
**CLINICIAN:** ROSENBERG, GLENN.DR  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 07/17/2025  
**HISTORY:** M25.511-PAIN IN RIGHT SHOULDER, M25.512-PAIN IN LEFT SHOULDER

---

**SPINE THORACIC X-RAY 2 view:**

Technique: Thoracic spine, 2 views  
Comparison: None.

Findings: There is normal alignment of thoracic spine with no subluxation. There are no compression deformities. The bony mineralization is normal.

**IMPRESSION:**

1. Normal alignment of thoracic spine with no subluxation.
  2. No compression deformities or fractures demonstrated radiographically. If there is persistent pain, follow up CT or MRI may be obtained as clinically warranted.
- 

**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. 07/25/2025 22:15:39 EDT

Tech: Dynamic Mobile Xray Services LLC



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

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

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

I, Perez Calderon, ("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.

Perez Calderon  
(Print name of Patient)

Perez Calderon  
(Signature of Patient)

07/17/2025  
(Date of signature)

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

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE

07/17/2025  
(Date of signature)

EAST STROUDSBURG PA 18301  
(Address of Provider)

**DYNAMIC MOBILE XRAY SERVICES LLC**

**3412 BLUESTONE LANE**

**EAST STROUDSBURG PA 18301**

**Tel: (570) 243-1888**

**X-Ray Consent Form**

**Parent Consent To X-Ray:**

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

Signed: *Veronica Calderon L* Date: 07/17/2025

**Consent To X-Ray:**

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

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

**Females: Regarding Possibility of Pregnancy**

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

Signed: *Veronica Calderon L* Date: 07/17/2025



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

---

**PATIENT NAME:** PENA GOMEZ  
**DATE OF BIRTH:** 10/04/1989  
**ID/MRN:** 20250717173713719  
**CLINICIAN:** ROSENBERG, GLENN.DR  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 07/17/2025  
**HISTORY:** M54.6-PAIN IN THORACIC SPINE, M25.562-PAIN IN LEFT KNEE, M25.512-PAIN IN LEFT SHOULDER

---

**SPINE THORACIC X-RAY 2 view:**

Technique: Thoracic spine, 2 views

Comparison: None.

Findings: There is mild levoscoliosis with no subluxation. (9 degrees Cobb's angle at T7 level). There are no compression deformities. The bony mineralization is normal.

**IMPRESSION:**

1. Mild levoscoliosis with no subluxation. (9 degrees Cobb's angle at T7 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.
- 

**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. 07/25/2025 23:47:02 EDT**

**Tech: Dynamic Mobile Xray Services LLC**

**This transmission is proprietary, privileged and confidential. It is intended to be communication only for the use of the addressee; access to this message by anyone else is unauthorized. If you are not the intended recipient and have received this communication in error, please notify us immediately at (201) 952-6420. Any other action taken, including but not limited to the disclosure, copying or distribution of this communication is prohibited by law.  
ID: EC29793178-20250725225032-688450885d30e**



**DYNAMIC**  
MOBILE XRAY SERVICES LLC.

Phone: (570)243-1888  
Fax: 570-209-5771

Email: dynamicmobilexrays@gmail.com  
website: dynamicmobilexray.com

**MOBILE PORTABLE X-RAY ORDER FORM**

DATE 07/17/23

**YOUR INFORMATION:**

NAME Pena Gomez Joyce D.O.B. 1/1 SS# \_\_\_\_\_  MALE  FEMALE  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
 FACILITY (IF APPLICABLE) \_\_\_\_\_ ROOM# (IA) \_\_\_\_\_ ADDRESS (IA) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PRIMARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_  
 SECONDARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

**PROCEDURE: (Circle what is needed)**

ABDOMEN ..... KUB 1 view ..... <input type="checkbox"/> 74000 Complete 2 views..... <input type="checkbox"/> 74020 Acute w/chest 3 views..... <input type="checkbox"/> 74022  AC JOINTS W/ & W/O WEIGHTS 2 views..... <input type="checkbox"/> 73050  ANKLE ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73600 Complete 3 views..... <input type="checkbox"/> 73610  BONE AGE..... 1 view..... <input type="checkbox"/> 77072  BONE SURVEY.. Complete..... <input type="checkbox"/> 77075  CERVICAL..... Limited 2 or 3 views..... <input type="checkbox"/> 72040 Complete w/min. 4 views..... <input type="checkbox"/> 72050 Complete w/flex & ext. 7 view..... <input type="checkbox"/> 72052  CHEST ..... Limited 1 view..... <input type="checkbox"/> 71045 Complete 2 views..... <input type="checkbox"/> 71046 Complete w/lordotic 3 views..... <input type="checkbox"/> 71047 Complete 4 views..... <input type="checkbox"/> 71048 Special views Decubitus..... <input type="checkbox"/> 71035  CLAVICLE ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73000  ELBOW..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73080  FACIAL BONES.. Complete 3 or more views..... <input type="checkbox"/> 70150  FEMUR..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73550  FINGER(S) #__ . Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73140  FOOT ..... Weight bearing 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73620 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73630  FOREARM..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73090	HAND..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73130  HEEL..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73650  HIP ..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73510 Bilateral 2 views (each hip) - R <input type="checkbox"/> L <input type="checkbox"/> 73520  HUMERUS..... Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73060  <u>KNEE</u> ..... Limited 1 or 2 views R <input type="checkbox"/> L <input checked="" type="checkbox"/> 73560 Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73562 Complete 4 views - R <input type="checkbox"/> L <input type="checkbox"/> 73564 Both knees, AP standing - R <input type="checkbox"/> L <input type="checkbox"/> 73565  LUMBAR ..... Limited 2 or 3 views..... <input type="checkbox"/> 72100 Complete 4 views w/obl..... <input type="checkbox"/> 72110 Complete w/bending 7 views..... <input type="checkbox"/> 72114 Limited w/bending 4 views..... <input type="checkbox"/> 72120  MANDIBLE .... Limited 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 70100 Complete 4 views..... <input type="checkbox"/> 70110  MASTOIDS ..... Complete min. 3 views..... <input type="checkbox"/> 70130  NASAL BONES.. Comp. min. 3 views..... <input type="checkbox"/> 70160  NECK ..... Soft tissue 2 views..... <input type="checkbox"/> 70360  ORBITS..... Complete 4 views..... <input type="checkbox"/> 70200 MRI screening..... <input type="checkbox"/> 70030  PELVIS ..... Complete 1 or 2 views..... <input type="checkbox"/> 72170  RIBS..... Unilateral 2 views..... <input type="checkbox"/> 71100 3 views includes PA chest (trauma) <input type="checkbox"/> 71101 Bilateral, 3 views..... <input type="checkbox"/> 71110 4 views includes PA chest..... <input type="checkbox"/> 71111	SACRUM & COCCYX. Min. 3 views..... <input type="checkbox"/> 72220  SCAPULA ..... 2 views - .....R <input type="checkbox"/> L <input type="checkbox"/> 73010  SC JOINTS..... 3 views..... <input type="checkbox"/> 71130  <u>SHOULDER</u> ..... Complete, 2 views - R <input type="checkbox"/> L <input checked="" type="checkbox"/> 73030  SI JOINTS..... Complete, 2 views..... <input type="checkbox"/> 72200  SINUSES ..... Limited 2 or less..... <input type="checkbox"/> 70210 Complete 3+ views..... <input type="checkbox"/> 70220  SKULL ..... Limited 3 views or less..... <input type="checkbox"/> 70250 Complete 4 views..... <input type="checkbox"/> 70260  STERNUM ..... Complete 2 views..... <input type="checkbox"/> 71120  <u>THORACIC</u> ..... 2 views..... <input checked="" type="checkbox"/> 72072  THORACOLUMBAR.. 2 views..... <input type="checkbox"/> 72080  TIBIA/FIBULA (LOWER LEG) Complete 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73590  TMJ..... Bilateral open/closed..... <input type="checkbox"/> 70330  TOE #..... Complete min. 2 views R <input type="checkbox"/> L <input type="checkbox"/> 73660  WRIST ..... Complete 3 views - R <input type="checkbox"/> L <input type="checkbox"/> 73110   INFANT X-RAY EXTREMITY Lower. 2 views..... <input type="checkbox"/> 73592 EXTREMITY Upper. 2 views..... <input type="checkbox"/> 73092 PELVIS & HIPS .. min. 2 views..... <input type="checkbox"/> 73540 WRIST ..... Limited 2 views - R <input type="checkbox"/> L <input type="checkbox"/> 73100 OTHER _____
---	---	--

**REQUESTING PHYSICIAN:**

NAME Glenn Rosenberg NPI# 1982790962 FAX RESULTS TO 1  
 INDICATE REASON FOR STUDY \_\_\_\_\_ SIGNATURE [Signature]

**FOR OFFICE USE ONLY:**

TECHNICIAN \_\_\_\_\_ TECHNIQUE \_\_\_\_\_ # OF VIEWS \_\_\_\_\_  
 X-RAY SENT TO RADIOLOGIST \_\_\_\_\_ DATE X-RAY SENT 1/1 PATIENT ID # \_\_\_\_\_ # OF CD \_\_\_\_\_

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

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

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

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

I, JOE JELUIS, ("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.

JOE JELUIS  
(Print name of Patient)

JOE JELUIS  
(Signature of Patient)

07/17/2025  
(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)

07/17/2025  
(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: John JEBUIS PENABAZ Date: 07/17/2025

**Consent To X-Ray:**

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

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

**Females: Regarding Possibility of Pregnancy**

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

Signed: \_\_\_\_\_ Date: 07/17/2025

07/17/2025

**(01081)-Diallo Alpha O**

Date of Birth - 08/25/1988    Sex - Male    Marital Status - Single

Address: 2642 Decatur Ave, The Bronx, NY, 10458  
Phone #: (917) 843-4484

Social Security# -

Employer or Company Name: N/A

Address: N/A

Emergency Name:

Work Phone #:

Date of Accident - 05/31/2025

Time/Place Accident - 265 E 10th St

Date of Visit - 06/16/2025

Condition Related to : Other

Insurance Company : Hereford Insurance Company

Address:

Phone:    Fax:

Claim# - HLV25008010

Policy Effective Date -

Policy# -

Policy holder -

WCB# -

Carrier case # -

Attorney - Harmon, Linder & Rogowsky    Firm Name - Harmon, Linder & Rogowsky

Attorney Address - 3 Park Avenue SUTIE 2300 NY, NY, 10016

Attorney Phone - 2127323665    Fax - 2127321462

Contact Person -

Other Insurance -

Medicare -

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**DYNAMIC MOBILE XRAY SERVICES LLC**

3412 BLUESTONE LANE  
E STROUDSBURG, PA 18301-0000  
(201) 952-6420

dynamicmobilexrays@gmail.com

**Radiology Interpretation**

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**PATIENT NAME:** DIALLO ALPHA

**DATE OF BIRTH:** 08/25/1988

**ID/MRN:** 20250717162328964

**CLINICIAN:** ROSENBERG, GLENN.DR

**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC

**DATE OF EXAM:** 07/17/2025

**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, M25.562-PAIN IN LEFT KNEE, M25.531-PAIN IN RIGHT WRIST

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**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.**

---

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

Comparison: None

**FINDINGS:**

Multiple views of the right 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 right shoulder.**

---

**RIGHT WRIST X-Ray Complete 3 view:**

Comparison: None

**FINDINGS:**

Multiple views of the right wrist show no acute fractures or dislocations.

There is normal alignment of the carpal bones.

The radiocarpal joint is unremarkable.

The distal radial ulnar joint is unremarkable.

There is no soft tissue swelling.

No joint effusion is seen.

There are no radio-opaque foreign bodies.

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

**IMPRESSION:**

**No acute fracture or dislocation of the right wrist.**

---

**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.**

---

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

Comparison: None

**FINDINGS:**

Multiple views of the right 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 right knee.**

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**Electronically Signed By: Dr. Lan Vu M.D. 07/26/2025 0:51:32 EDT**

**Tech: Dynamic Mobile Xray Services LLC**

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ID: EC29793183-20250726120351-68850a77411bc**



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

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

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

I, Alpha Oumar Diallo, ("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.

Alpha Oumar Diallo  
(Print name of Patient)

[Signature]  
(Signature of Patient)

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

07/17/2025  
(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)

07/17/2025  
(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: Allyse Date: 07/17/2023

**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: Allyse 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: Allyse Date: 07/17/2023