

1100 pelham pkwy

DAILY SIGN IN

08/08/25

NY 10461

DATE: 08/08/25

PLEASE PRINT NAME

PATIENT NAME		PATIENT NAME	
1.	Duke Britney	21.	
2.	Terced Susan	22.	
3.	Conferes Polana	23.	
4.	Royes Sanny	24.	
5.		25.	
6.		26.	
7.		27.	
8.		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.	

8/18/2025

LIST OF SELECTED PATIENTS

<u>Name :</u> REYES, SANMY	<u>Phone:</u> 551-318-4090
<u>Address :</u> 2701 GRAND CONCOURSE	<u>Active</u>
<u>D.O.A. :</u> 7/25/202 <u>Place Of Accident :</u> N/A	
<u>SSN:</u> 000-00-0000 <u>DOB:</u> 5/14/1989 <u>Marital Status:</u> U <u>Policy Holder:</u> NO	
<u>Policy Holder</u> N/A, N/A	<u>Address:</u> N/A
<u>Ins.Company:</u> GEICO	<u>Phone :</u> 888-841-3000
<u>Ins. Address:</u> P.O. BOX 9507, FREDERICKSBURG, VA 22403	
<u>Policy Number:</u> N/A	<u>Claim Number :</u> N/A
<u>Adjuster Info:</u> N/A	

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

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

Claim Number: _____

I, Royes Sammy, ("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.

Royes Sammy
(Print name of Patient)

[Signature]
(Signature of Patient)

08/18/25
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

[Signature]
(Signature of Provider)

08/18/2025
(Date of signature)

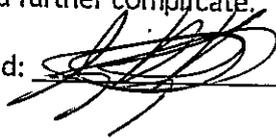
3412 BLUESTONE LANE
EAST STROUDSBURG PA 18301
(Address of Provider)

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

X-Ray Consent Form

Parent Consent To X-Ray:

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

Signed:  _____ Date: 08/12/2025

Consent To X-Ray:

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

Signed: _____ Date: _____

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: _____

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: REYES SANNY
DATE OF BIRTH: 05/14/1989
ID/MRN: 20250818120700630
CLINICIAN: AMANZE, STELLA . PA
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 08/18/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.511-PAIN IN RIGHT SHOULDER, M25.512-PAIN IN LEFT SHOULDER

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.

Electronically Signed By: Dr. Lan Vu M.D. 09/03/2025 9:28:47 EDT

Tech: Dynamic Mobile Xray Services LLC



MOBILE EXAM ORDER FORM

08/28/28

PATIENT INFORMATION:

NAME Reyes Sunny 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 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) 73810
- Foot 3 View (R) (L) 73830
- Heel 2 View (R) (L) 73860
- Toes 2 View (R) (L) 73880

Other: _____

PAW

Ultrasounds

Vascular Studies (Rule out DVT)

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

Abdomen

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

Pelvic

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

Head and Neck

- Thyroid 76536
- Neck Soft Tissue 76536
- RCarotid Duplex Doppler 83880

Reason for study: _____

Breast

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

Other: _____

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

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

CARDIAC STUDIES

- EKG 83000
- Holter Monitor 24 HR 83228
- Echocardiogram 83308
- Pacemaker check 83285

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

8/18/2025

LIST OF SELECTED PATIENTS

<u>Name :</u> CONTRERAS POLANCO, MODESTO	<u>Phone:</u> 718-200-2007
<u>Address :</u> 77-79 ELLIOTT AVENUE APT 3B YONKERS NY 10705	Active
<u>D.O.A. :</u> 7/13/202 <u>Place Of Accident :</u> EASTCHESTER ROAD	
<u>SSN:</u> 108-96-6192 <u>DOB:</u> 3/13/1983 <u>Marital Status:</u> U <u>Policy Holder:</u> NO	
<u>Policy Holder</u> N/A, N/A	<u>Address:</u> N/A
<u>Ins. Company:</u> GEICO	<u>Phone :</u> 888-841-3000
<u>Ins. Address:</u> P.O. BOX 9507, FREDERICKSBURG, VA 22403	
<u>Policy Number:</u> 4243688589	<u>Claim Number :</u> 0422252090101108
<u>Adjuster Info:</u> N/A	

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

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

Claim Number: _____

1. Moser ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS. ("Assignee")
(Print patient's name) (Print hospital or health care provider name)
all rights privileges and remedies to payment for health care services provided by assignee to which I am
entitled under Article 51 (the No-Fault statute) of the Insurance Law.

The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and
shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained
due to the motor vehicle accident which occurred on _____, not withstanding any other agreement
(Print accident date)
to the contrary.

This agreement may be revoked by the assignee when benefits are not payable based upon the assignor's lack
of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON
FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR
PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE
PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO,
IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS,
SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR
CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR
VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND
SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF
THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

Modesto Contreras Polanco
(Print name of Patient)

[Signature]
(Signature of Patient)

8/18/25
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

[Signature]
(Signature of Provider)

3412 BLUESTONE LANE

08/18/2025
(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: *M. A. Blom* Date: 08/18/2025

Consent To X-Ray:

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

Signed: _____ Date: _____

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: _____



DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE EXAM ORDER FORM

08/08/28

PATIENT INFORMATION

NAME Contervas Madros 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 with check)

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 70260
- 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
- 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) 73580
- 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: _____

patient

Ultrasounds (Mark with check)

Vascular Studies (Rule out DVT)

- Venous Upper (Bilat) (R) (L) 83870/83871
- Venous Lower (Bilat) (R) (L) 83870/83871
- Arterial Upper (Bilat) (R) (L) 83830/83831
- Arterial Lower (Bilat) (R) (L) 83825/83828
- Arterial with Ankle-Brachial Index (ABI) 83922

Abdomen

- Complete Abdominal* 78770
- AORTA / AAA 78708
- Renal 78770
- Bladder** 78657

Pelvic

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

Head and Neck

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

Reason for study: _____

Breast

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

Other: _____

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

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

CARDIAC STUDIES

- EKG 83000
- Holter Monitor 24 HR 83228
- Echocardiogram 83351
- Pacemaker check 83285

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: CONTRERAS MODESTO
DATE OF BIRTH: 03/13/1983
ID/MRN: 20250818125122684
CLINICIAN: AMANZE, STELLA . PA
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 08/18/2025
HISTORY: M25.511-PAIN IN RIGHT SHOULDER

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. 09/03/2025 2:11:47 EDT

Tech: Dynamic Mobile Xray Services LLC

8/18/2025

LIST OF SELECTED PATIENTS

<u>Name :</u> TERCERO FLORES, CRISTIAN OMAR	<u>Phone:</u> 718-500-8305
<u>Address :</u> 1926 HOBART AVENUE, BRONX NY, 10461	<u>Active</u>
<u>D.O.A. :</u> 8/10/202 <u>Place Of Accident :</u> N/A	
<u>SSN:</u> - - - <u>DOB:</u> 8/28/2001 <u>Marital Status:</u> U <u>Policy Holder:</u> NO	
<u>Policy Holder</u> N/A, N/A	<u>Address:</u> N/A
<u>Ins. Company:</u> N/A	<u>Phone :</u> N/A
<u>Ins. Address:</u> NA	
<u>Policy Number:</u> N/A	<u>Claim Number :</u> N/A
<u>Adjuster Info:</u> N/A	

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

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

Claim Number: _____

I, Cristian T, ("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.

Cristian Tercero
(Print name of Patient)

Cristian Tercero
(Signature of Patient)
08/18/25
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

[Signature]
(Signature of Provider)
08/18/2025
(Date of signature)

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

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

X-Ray Consent Form

Parent Consent To X-Ray:

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

Signed: Cristian Terceiro

Date: 08/18/2025

Consent To X-Ray:

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

Signed: _____

Date: _____

Females: Regarding Possibility of Pregnancy

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

Signed: _____

Date: _____

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: TERCECO OMAR

DATE OF BIRTH: 08/28/2001

ID/MRN: 20250818122407735

CLINICIAN: AMANZE, STELLA . PA

FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC

DATE OF EXAM: 08/18/2025

HISTORY: M25.511-PAIN IN RIGHT SHOULDER, M25.512-PAIN IN LEFT SHOULDER, M79.671-PAIN IN RIGHT FOOT

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 FOOT X-Ray Complete 3 view:

Comparison: None

FINDINGS:

Multiple views of the right foot show normal alignment without acute fractures or dislocations.

The toe interphalangeal joints, tarsometatarsal joints, metatarsophalangeal joints and subtalar joint are unremarkable.

The talar dome is normal.

There is no soft tissue swelling.

No joint effusion is present.

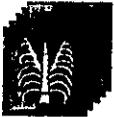
No radiopaque foreign bodies are seen.
There is no soft tissue gas or osseous erosive changes noted.
If there is further concern, recommend follow-up radiographs for complete assessment.

IMPRESSION:

No acute fracture or dislocation of the right foot.

Electronically Signed By: Dr. Lan Vu M.D. 09/03/2025 9:27:15 EDT

Tech: Dynamic Mobile Xray Services LLC



MOBILE EXAM ORDER FORM

08/01/28

PATIENT INFORMATION

NAME Percele Oulton 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) 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) 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: _____

POW

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
- Carotid 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 83000
- Holter Monitor 24 HR 93228
- Echocardiogram 83300
- Pacemaker check 83283

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

8/18/2025

LIST OF SELECTED PATIENTS

<u>Name :</u> DUKES, BRITTNEY	<u>Phone:</u> 914-387-6245
<u>Address :</u> 955 EVERGREEN AVENUE BRONX, NY 10473	<u>Active</u>
<u>D.O.A.:</u> 7/22/202 <u>Place Of Accident :</u> N/A	
<u>SSN:</u> - - - <u>DOB:</u> 10/20/199 <u>Marital Status:</u> U <u>Policy Holder:</u> NO	
<u>Policy Holder</u> N/A, N/A	<u>Address:</u> N/A
<u>Ins. Company:</u> NEW YORK CITY TRANSIT	<u>Phone :</u> (718) 694-3950
<u>Ins. Address:</u> 130 LIVINGSTON ST. BROOKLYN, NY 11201	
<u>Policy Number:</u> N/A	<u>Claim Number :</u> N/A
<u>Adjuster Info:</u> N/A	

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

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

Claim Number: _____

I, L _____, ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS., ("Assignee")
(Print patient's name) (Print hospital or health care provider name)
all rights privileges and remedies to payment for health care services provided by assignee to which I am
entitled under Article 51 (the No-Fault statute) of the Insurance Law.

The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and
shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained
due to the motor vehicle accident which occurred on 7/22/25, not withstanding any other agreement
(Print accident date)

to the contrary.

This agreement may be revoked by the assignee when benefits are not payable based upon the assignor's lack
of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON
FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR
PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE
PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO,
IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS,
SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR
CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR
VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND
SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF
THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

L x Brittnay Dukes
(Print name of Patient)

L x B. O. R.
(Signature of Patient)

X _____

08/18/2025
(Date of signature)

X _____
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

[Signature]
(Signature of Provider)

3412 BLUESTONE LANE

08/18/2025
(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: 08/18/2025

Consent To X-Ray:

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

Signed: _____ Date: _____

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: _____

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: DUKE BRITNEY
DATE OF BIRTH: 10/20/1995
ID/MRN: 20250818124005804
CLINICIAN: AMANZE, STELLA . PA
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 08/18/2025
HISTORY: M25.511-PAIN IN RIGHT SHOULDER, M25.562-PAIN IN LEFT KNEE

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.

LEFT KNEE X-Ray - 1-2 view:

Comparison: None

FINDINGS:

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

The medial and lateral tibiofemoral compartments and patellofemoral compartment are unremarkable.

There are no joint bodies.

There is no knee region soft tissue swelling.

There is no joint effusion.

There are no radiopaque foreign bodies.

If there is further concern, recommend follow-up radiographs or MRI for complete assessment.

IMPRESSION:

No acute fracture or dislocation of the left knee.

Electronically Signed By: Dr. Lan Vu M.D. 09/03/2025 9:25:34 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

08/08/28

PATIENT INFORMATION

NAME Duke Brittney 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 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) 73680
- Knee 3 View (R) (L) 73582
- Tibia / Fibula 2 View (R) (L) 73680
- 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) 83970/83871
- Venous Lower (Bilat) (R) (L) 83970/83871
- Arterial Upper (Bilat) (R) (L) 83930/83931
- Arterial Lower (Bilat) (R) (L) 83925/83926
- Arterial with Ankle-Brachial Index (ABI) 83922

Abdomen

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

Pelvic

- Pelvic ** 76858
- Pelvic Non-OB ** 76866
- Testicular / Scrotum 76870
- Soft Tissue Groin 76882

Head and Neck

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

Reason for study: _____

Breast

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

Other: _____

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

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

CARDIAC STUDIES

- EKG 83000
- Holter Monitor 24 HR 83228
- Echocardiogram 83308
- Pacemaker check 83285

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