

~~USA~~  
~~2020~~  
~~2021~~

# DAILY SIGN IN

3000 East  
Front

DATE: 9/10/2025

10462

PLEASE PRINT NAME

PATIENT NAME		PATIENT NAME	
1.	Aquino Roman	21.	_____ c/l
2.	Cabral Alu	22.	_____ c/l
3.	Paulina Laura	23.	_____ c/l
4.	Rebecca Ramonita	24.	_____ c/l
5.	Solano Nestor	25.	_____ c/l
6.	Quenton Annette	26.	_____ c/l
7.	Muñoz Jose	27.	_____ c/l
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.	

*[Handwritten signature]*

09/10/2025

**(01088)-Aquino Lora Ramona R**

Date of Birth - 06/21/1981 Sex - Female Marital Status - Single

Address: 789 Waring Ave #1E, The Bronx, NY, 10469  
Phone #: (917) 984-3863

Social Security# - 000-00-0000

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

Date of Accident - 07/18/2025  
Time/Place Accident -  
Date of Visit - 07/21/2025  
Condition Related to : Auto Accident

Insurance Company : General Assurance Company  
Address:

Phone: Fax:

Claim# - 01-009-119415  
Policy Effective Date -  
Policy# -  
Policy holder -  
WCB# -  
Carrier case # -

Attorney - Michelle Klafter, P.C. Firm Name - Law Office of Mitchell Klafter p.c.  
Attorney Address - 22-15 street 2nd floor Astoria NY 11105  
Attorney Phone - 718-465-1160 Fax - Contact Person -

Other Insurance -  
Medicare -

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

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

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

X I. Roman Aguirre, ("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.

X I. Roman Aguirre  
(Print name of Patient)

X I. Roman Aguirre  
(Signature of Patient)

X 09/10/2025  
(Date of signature)

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

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE

09/10/2025  
(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.

X Signed: Romana Ogilvie Date: 09/10/2025

**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.

X Signed: Romana Ogilvie Date: 09/10/2025

**Females: Regarding Possibility of Pregnancy**

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

X Signed: Romana Ogilvie Date: 09/10/2025

**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:** AQUINO RAMONA**DATE OF BIRTH:** 06/21/1981**ID/MRN:** 20250910163537489**CLINICIAN:** DENNY XAVIER, RODRIGUEZ.MD**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC**DATE OF EXAM:** 09/10/2025**HISTORY:** M54.6-PAIN IN THORACIC SPINE, M25.512-PAIN IN LEFT SHOULDER, M25.562-PAIN IN LEFT KNEE

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

Examination: Radiographs of the thoracic spine

Comparison study: None

Findings:

There is normal alignment of the thoracic spine without scoliosis.

The vertebral body heights are normal without acute fracture.

Mild endplate changes and osteophytosis noted throughout the spine.

No evidence of the disc space infection.

Decreased bony mineralization.

**IMPRESSION:****1. Mild spondylosis of the thoracic spine without fracture.**

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

Examination: Radiographs of the shoulder

Comparison study: None

Findings:

Views of the shoulder demonstrate decreased bony mineralization.

There is no evidence of Hill-Sachs fracture or dislocation.

Minimal arthritic changes are noted at the gleno-humeral joint space with sub-acromial joint space narrowing and acromioclavicular joint arthrosis.

The visualized ribs and proximal humerus are intact.

**IMPRESSION:****1. Osteoarthritis of the shoulder and A.C. Joint space.**

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

Examination: Radiographs of the knee

Comparison study: None

Findings:

Routine views of the knee demonstrate decreased bony mineralization.

Mild tri-compartmental osteoarthritic changes are noted with joint space loss and osteophyte formation.

There is no evidence of acute fracture, dislocation or joint effusion.

Surrounding soft tissues are within normal limits.

**IMPRESSION:**

**1. Mild arthritic changes of the knee without acute bony injury.**

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**Electronically Signed By:** Dr. Walter Uyesugi M.D. 09/14/2025 1:12:16 EDT

**Tech:** Dynamic Mobile Xray Services LLC



**DYNAMIC**  
MOBILE XRAY SERVICES LLC

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

Email: dynamjcmobilexrays@gmail.com  
website: dynamjcmobilexray.com

**MOBILE-PORTABLE X-RAY ORDER FORM**

DATE 8/1/2023

**YOUR INFORMATION:**

NAME Alejo Ramon A 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 views <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"/> <input type="checkbox"/> 73130</p> <p>HEEL ..... Complete 2 views - R <input type="checkbox"/> <input type="checkbox"/> 73650</p> <p>HIP ..... Complete 2 views - R <input type="checkbox"/> <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 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</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"/> 71120</p> <p><b>(THORACIC)</b> ..... 7 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 Denny Xavier Rodriguez NPI# 1619033677 **Denny Xavier Rodriguez MD**  
 INDICATE REASON FOR STUDY 0 Pain SIGNATURE [Signature] FAX RESULTS TO 1619033677  
 LIC # 242152

**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.

09/10/2025

**(01099)-Cabral Feliz Alis**

Date of Birth - 11/20/1970 Sex - Female Marital Status - Single

Address: 1039 Ward Ave #1, The Bronx, NY, 10472  
Phone #: (978) 547-5422

Social Security# - 000-00-0000

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

Date of Accident - 08/22/2025  
Time/Place Accident -  
Date of Visit - 08/25/2025  
Condition Related to : Auto Accident

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

Claim# - 8822382680000001  
Policy Effective Date - 08/11/2025  
Policy# - 6172-54-76-86  
Policy holder - Laura Cabral Paulino  
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:** CABRAL ALIS  
**DATE OF BIRTH:** 11/20/1970  
**ID/MRN:** 20250910165842366  
**CLINICIAN:** DENNY XAVIER, RODRIGUEZ MD  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 09/10/2025  
**HISTORY:** M54.6-PAIN IN THORACIC SPINE, M25.561-PAIN IN RIGHT KNEE

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

Technique: Thoracic spine, 2 views

Comparison: None.

Findings: There is mild levoscoliosis with no subluxation. (7 degrees Cobb's angle at T8 level). There are no compression deformities. The bony mineralization is normal. Intervertebral disc spaces are preserved.

**IMPRESSION:**

1. Mild levoscoliosis with no subluxation. (7 degrees Cobb's angle at T8 level)
  2. No compression deformities or fractures demonstrated radiographically. If there is persistent pain, follow up CT or MRI may be obtained as clinically warranted.
- 

**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. Mild narrowing of the medial and patella-femoral joint spaces.

**IMPRESSION:**

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

**Electronically Signed By:** Dr. Naiyer Imam M.D. 09/14/2025 1:03:18 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: \_\_\_\_\_

X Sts Cabal ("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.

X Sts Cabal  
(Print name of Patient)

X Sts Cabal  
(Signature of Patient)  
X 09/10/2025  
(Date of signature)

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

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)  
09/10/2025  
(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.

X Signed: Ali Cabral Date: 09/10/2025

**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.

X Signed: Ali Cabral Date: 09/10/2025

**Females: Regarding Possibility of Pregnancy**

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

X Signed: Ali Cabral Date: 09/10/2025



**DYNAMIC**  
MOBILE XRAY SERVICES LLC

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

Email: dynamiclexrays@gmail.com  
website: dynamiclexray.com

**MOBILE PORTABLE X-RAY ORDER FORM**

DATE 9/10/12

**YOUR INFORMATION:**

NAME Cabral ALU 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's 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"/> 73609          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 views <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><u>KNEE</u> ..... 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>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><u>THORACIC</u> ..... 7 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 Denny Xavier Rodriguez NPI# 1619033677 Denny Xavier Rodriguez MD  
 INDICATE REASON FOR STUDY 0 pain SIGNATURE \_\_\_\_\_ FAX RESIDENTS NPI# 1619033677  
 Lic 242152

**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.



**DYNAMIC MOBILE XRAY SERVICES LLC**

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

**Radiology Interpretation**

---

**PATIENT NAME:** PAULINO LAURA**DATE OF BIRTH:** 09/25/1992**ID/MRN:** 20250910164247561**CLINICIAN:** DENNY XAVIER, RODRIGUEZ.MD**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC**DATE OF EXAM:** 09/10/2025**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

---

**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.**

---

**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.**

---

**Electronically Signed By:** Dr. Lan Vu M.D. 09/14/2025 0:10:13 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: \_\_\_\_\_

X Laura Paulino Cabral ("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.

X Laura Paulino Cabral  
(Print name of Patient)

X [Signature]  
(Signature of Patient)

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

X 09/10/2025  
(Date of signature)

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

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE

09/10/2025  
(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.

X Signed: [Signature] Date: 09/10/2025

**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.

X Signed: [Signature] Date: 09/10/2025

**Females: Regarding Possibility of Pregnancy**

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

X Signed: [Signature] Date: 09/10/2025



**DYNAMIC**  
MOBILE XRAY SERVICES LLC

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

Email: dynamjcmobilexrays@gmail.com  
website: dynamjcmobilexray.com

**MOBILE PORTABLE X-RAY ORDER FORM**

DATE 9/10/25

**YOUR INFORMATION:**

NAME Paulino Laving 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 views <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><u>KNEE</u> ..... 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</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><u>SHOULDER</u> ..... Complete, 2 views - R <input checked="" 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"/> 71120</p> <p><u>THORACIC</u> ..... 3 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>          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</p> <p>OTHER _____</p>
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**REQUESTING PHYSICIAN:**  
 NAME Denny Xavier Rodriguez NPI# 1619033677 Denny Xavier Rodriguez MD  
 INDICATE REASON FOR STUDY 0 Pain SIGNATURE [Signature] FAX RESULTS NPI 1619033677  
 Lic 242152

**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.

09/10/2025

**(01091)-Solano Neysi**

Date of Birth - 11/21/1992 Sex - Female Marital Status - Single

Address: 10 Burbank St, Yonkers, NY, 10710  
Phone #: (267) 978-0761

Social Security# - 710-47-5650

Employer or Company Name: N/A

Address: N/A

Emergency Name: Dioselin Fabian 3473402575

Work Phone #:

Date of Accident - 07/16/2025

Time/Place Accident - 2nd Ave & 64th St

Date of Visit - 07/22/2025

Condition Related to : Auto Accident

Insurance Company : State Farm

Address:

Phone: Fax:

Claim# - 52-87X4-34K

Policy Effective Date -

Policy# -

Policy holder - Neysi Solano

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:** SOLANO NEYSI**DATE OF BIRTH:** 11/21/1992**ID/MRN:** 20250910154501870**CLINICIAN:** DENNY XAVIER, RODRIGUEZ MD**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC**DATE OF EXAM:** 09/10/2025**HISTORY:** M54.6-PAIN IN THORACIC SPINE, M25.511-PAIN IN RIGHT SHOULDER, M25.512-PAIN IN LEFT SHOULDER

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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.**

---

**Electronically Signed By:** Dr. Lan Vu M.D. 09/14/2025 0:08:31 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: \_\_\_\_\_

X Neysi Solano Fabian ("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.

X Neysi Solano Fabian  
(Print name of Patient)

\_\_\_\_\_

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

3412 BLUESTONE LANE

EAST STROUDSBURG PA 18301  
(Address of Provider)

NYS FORM NF-AOB (Rev 1/2004)

X Neysi Solano Fabian  
(Signature of Patient)

X 09/10/2025  
(Date of signature)

[Signature]  
(Signature of Provider)

09/10/2025  
(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.

X Signed: Nyssi Solano J. Date: 09/10/2025

**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.

X Signed: Nyssi Solano J. Date: 09/10/2025

**Females: Regarding Possibility of Pregnancy**

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

X Signed: Nyssi Solano J. Date: 09/10/2025



**DYNAMIC**  
MOBILE XRAY SERVICES LLC

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

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

**MOBILE PORTABLE X-RAY ORDER FORM**

DATE 9/10/25

**YOUR INFORMATION:**

NAME Solano Neyes 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 views <input type="checkbox"/> 72052</p> <p>CHEST ..... Limited 1 view ..... <input type="checkbox"/> 71045          Complete 2 views ..... <input type="checkbox"/> 71046          Complete w/fordotic 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 checked="" 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"/> 71120</p> <p><b>THORACIC</b> ... 9 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 Denny Xavier Rodriguez NPI# 1619033677 **Denny Xavier Rodriguez MD**  
 INDICATE REASON FOR STUDY Pain SIGNATURE [Signature] FAX RESULTS TO NPI 1619033677  
 16 242152

**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.

09/10/2025

**(01094)-Alvarez Jose Amado**

Date of Birth - 11/04/1984 Sex - Male Marital Status - Single

Address: 1086 Kelly St #6H, The Bronx, NY, 10459  
Phone #: (718) 427-4395

Social Security# - 000-00-0000

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

Date of Accident - 08/04/2025  
Time/Place Accident -  
Date of Visit - 08/07/2025  
Condition Related to : Auto Accident

Insurance Company : Integon National Insurance  
Address:

Phone:      Fax:

Claim# - 250686936  
Policy Effective Date -  
Policy# - 60226525101  
Policy holder -  
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 -

Other Insurance -  
Medicare -

---

**DYNAMIC MOBILE XRAY SERVICES LLC**

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

---

**PATIENT NAME:** ALVAREZ JOSE

**DATE OF BIRTH:** 11/04/1984

**ID/MRN:** 20250910132757430

**CLINICIAN:** DENNY XAVIER, RODRIGUEZ.MD

**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC

**DATE OF EXAM:** 09/10/2025

**HISTORY:** M54.6-PAIN IN THORACIC SPINE, M25.512-PAIN IN LEFT SHOULDER, M25.562-PAIN IN LEFT KNEE, M25.532-PAIN IN LEFT WRIST

---

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

Comparison: None

**FINDINGS:**

Multiple views of the thoracic spine demonstrate normal alignment.

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

The vertebral body heights and disc spaces are grossly preserved.

The soft tissues are unremarkable.

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

**IMPRESSION:**

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

---

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

Comparison: None

**FINDINGS:**

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

There are no acute fractures or dislocations.

The acromioclavicular joint and coracoclavicular spaces are intact.

The visualized scapula and clavicle are unremarkable.

There are no radiopaque foreign bodies.

No soft tissue swelling is seen.

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

**IMPRESSION:**

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

---

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

Comparison: None

**FINDINGS:**

Multiple views of the left 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 left 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.**

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**Electronically Signed By: Dr. Lan Vu M.D. 09/13/2025 23:55:57 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: EC30306668-20250915235730-68c8ee3a96ac4**

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

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

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

X I, Jose Amador, ("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.

X JOSE A. Amador  
(Print name of Patient)

X Jose Amador  
(Signature of Patient)

X 09/10/2025  
(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)

09/10/2025  
(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.

X Signed: Jose Alvarez Alvarez Date: 09/10/2025

#### 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.

X Signed: Jose Alvarez Date: 09/10/2025

#### Females: Regarding Possibility of Pregnancy

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

X Signed: Jose Alvarez Date: 09/10/2025



**DYNAMIC**  
MOBILE XRAY SERVICES LLC

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

Email: dynamiclexray@gmail.com  
website: dynamiclexray.com

**MOBILE PORTABLE X-RAY ORDER FORM**

DATE 9/10/25

**YOUR INFORMATION:**

NAME Alvarez Jose 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 views ..... <input type="checkbox"/> 72052</p> <p>CHEST ..... Limited 1 view ..... <input type="checkbox"/> 71045          Complete 2 views ..... <input type="checkbox"/> 71046          Complete w/ordotic 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"/> <input type="checkbox"/> 73130</p> <p>HEEL ..... Complete 2 views - R <input type="checkbox"/> <input type="checkbox"/> 73650</p> <p>HIP ..... Complete 2 views - R <input type="checkbox"/> <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 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</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"/> 71120</p> <p><b>THORACIC</b> ..... 3 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><b>WRIST</b> ..... Complete 3 views - R <input type="checkbox"/> L <input checked="" type="checkbox"/> 73110</p> <p>OTHER _____</p>
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**REQUESTING PHYSICIAN**

NAME Denny Xavier Rodriguez NPI# 1619033677 **Denny Xavier Rodriguez MD**  
 INDICATE REASON FOR STUDY pain SIGNATURE [Signature] FAX RESULT TO NPI 1619033677  
 Lic 242152

**FOR OFFICE USE ONLY**

TECHNICIAN \_\_\_\_\_ TECHNIQUE \_\_\_\_\_ # OF VIEWS \_\_\_\_\_  
 X-RAY SENT TO RADIOLOGIST \_\_\_\_\_ DATE X-RAY SENT 9/10/25 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.

09/10/2025

**(01100)-Acevedo Ramonita A**

Date of Birth - 04/23/1968 Sex - Female Marital Status - Married

Address: 2747 Matthews Ave 1FL, Bronx, NY, 10467  
Phone #: (929) 434-1094

Social Security# - 090-58-4077

Employer or Company Name: N/A

Address: N/A

Emergency Name: Bridgette (646)530-9197

Work Phone #:

Date of Accident - 08/25/2025

Time/Place Accident - Boston Rd & Pelham Pkwy

Date of Visit - 08/26/2025

Condition Related to : Auto Accident

Insurance Company : Geico

Address: PO BOX 9507

Fredericksburg, VA, 22403

Phone: Fax:

Claim# - 8733973440000003

Policy Effective Date -

Policy# - 6052-70-56-89

Policy holder - Ramonita Acevedo

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:** ACEVEDO RAMONITA**DATE OF BIRTH:** 04/23/1966**ID/MRN:** 20250910162329598**CLINICIAN:** DENNY XAVIER, RODRIGUEZ.MD**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC**DATE OF EXAM:** 09/10/2025**HISTORY:** M54.6-PAIN IN THORACIC SPINE, M25.511-PAIN IN RIGHT SHOULDER, M25.512-PAIN IN LEFT SHOULDER, M25.561-PAIN IN RIGHT KNEE

---

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

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

Comparison: None

**FINDINGS:**

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

Mild osteoarthritis is seen in the tricompartment joint spaces.

There are no joint bodies.

There is no knee region soft tissue swelling.

There is no a small 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.**

---

**Electronically Signed By:** Dr. Lan Vu M.D. 09/14/2025 0:09:27 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: \_\_\_\_\_

X Romita A. Acevedo, ("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

X Romita A. Acevedo  
(Print name of Patient)

X Romita A. Acevedo  
(Signature of Patient)

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

X 09/10/2025  
(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)

09/10/2025  
(Date of signature)

**DYNAMIC MOBILE XRAY SERVICES LLC**

**3412 BLUESTONE LANE**

**EAST STROUDSBURG PA 18301**

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

**X-Ray Consent Form**

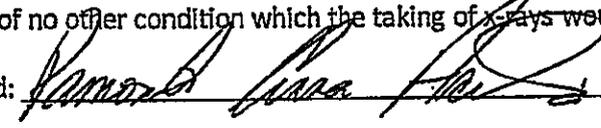
**Parent Consent To X-Ray:**

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.

X Signed:  Date: 09/10/2025

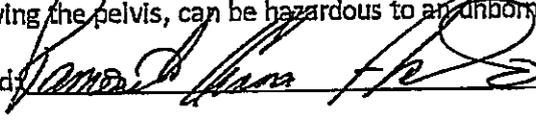
**Consent To X-Ray:**

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.

X Signed:  Date: 09/10/2025

**Females: Regarding Possibility of Pregnancy**

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

X Signed:  Date: 09/10/2025



**DYNAMIC**  
MOBILE XRAY SERVICES LLC

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

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

**MOBILE PORTABLE X-RAY ORDER FORM**

DATE 9/10/25

**YOUR INFORMATION:**

NAME Acevedo Parouls DOB 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 views <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><u>KNEE</u> ..... 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><u>SHOULDER</u> ..... Complete, 2 views - R <input checked="" 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"/> 71120</p> <p><u>THORACIC</u> ..... 3 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 Denny Xavier Rodriguez NPI# 1619033677 Denny Xavier Rodriguez MD  
 INDICATE REASON FOR STUDY PAIN SIGNATURE [Signature] FAX RESULT NPI# 1619033677  
 LIC# 242152

**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.

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09/10/2025

**(01096)-Overton Annette**

Date of Birth - 06/17/1963 Sex - Female Marital Status - Married

Address: 730 Saint Lawrnc Ist, The Bronx, NY, 10473  
Phone #: (917) 962-1442

Social Security# - 057-84-4672

Employer or Company Name: N/A  
Address: N/A

Emergency Name: Glenford Allen 347-316-5682  
Work Phone #:

Date of Accident - 08/01/2025  
Time/Place Accident -  
Date of Visit - 08/25/2025  
Condition Related to : Auto Accident

Insurance Company : Farmers Insurance  
Address:

Phone: Fax:

Claim# - 70092584631  
Policy Effective Date - 05/10/2025  
Policy# - 197305491  
Policy holder - Annette Overton  
WCB# -  
Carrier case # -

Attorney - Adam R. Oremland Attorney At Law Firm Name - Adam R. Oremland Attorney At Law  
Attorney Address - 2426 Eastchester Rd STE 203, Bronx NY 10461  
Attorney Phone - 718.367.1700 Fax - 718.367.1701  
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:** ANNETTE OVERTON  
**DATE OF BIRTH:** 06/17/1963  
**ID/MRN:** 20250910142514570  
**CLINICIAN:** DENNY XAVIER, RODRIGUEZ.MD  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 09/10/2025  
**HISTORY:** M54.6-PAIN IN THORACIC SPINE

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

Examination: Radiographs of the thoracic spine  
Comparison study: None  
Findings:  
There is normal alignment of the thoracic spine without scoliosis.  
The vertebral body heights are normal without acute fracture.  
Mild endplate changes and osteophytosis noted throughout the spine.  
No evidence of the disc space infection.  
Decreased bony mineralization.

**IMPRESSION:**

- 1. Mild spondylosis of the thoracic spine without fracture.**
- 

**Electronically Signed By:** Dr. Walter Uyesugi M.D. 09/14/2025 1:12:33 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: \_\_\_\_\_

X Annette Overton ("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.

X Annette Overton  
(Print name of Patient)

X Annette Overton  
(Signature of Patient)

\_\_\_\_\_

X 09/10/2025  
(Date of signature)

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

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE

09/10/2025  
(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.

X Signed: *Amelia Overton* Date: 09/10/2025

**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.

X Signed: \_\_\_\_\_ Date: 09/10/2025

**Females: Regarding Possibility of Pregnancy**

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

X Signed: *Amelia Overton* Date: 09/10/2025



**DYNAMIC**  
MOBILE XRAY SERVICES LLC

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

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

**MOBILE PORTABLE X-RAY ORDER FORM**

DATE 7/10/25

**YOUR INFORMATION:**

NAME Amye Overton 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>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><u>THORACIC</u> ..... <u>Views</u> ..... <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>INFANT X-RAY          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</p> <p>OTHER _____</p>
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**REQUESTING PHYSICIAN:**

NAME Denny Xavier Rodriguez NPI# 1619033677 Denny Xavier Rodriguez MD  
 INDICATE REASON FOR STUDY Pain SIGNATURE \_\_\_\_\_ FAX RESULTS 1619033677  
1619033677

**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.

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