089

Extremely Ways

DAILY SIGN IN

2422 Knapp Street

DATE: 9/22/25

PLEASE PRINT NAME

PATIENT NAME	PATIENT NAME
1. Bissette Sung	21.
2. Aslam Zishulle Mogedi	22.
3. Sirozhov Abdulzakar	23.
4. Crawford Ashley	24.
5. Zakarov Azizbek	25.
6. Samandar Eshonov	26.
7. Jabarov Jaloliddin	27.
8. Husenov Jurakil	28.
9. Mahmudjon Khusenov	29.
10. Chichibosheli Mildred	30.
11.	31.
12.	32.
13.	33.
14.	34.
15.	35.
16.	36.
17.	37.
18.	38.
19.	39.
20.	40.

SDY TECHNOLOGIES V3
www.sdyusa.com | info@sdyusa.com

PATIENT DEMOGRAPHIC FORM 09/22/2025

KHUSENOV, MAKHMUDJON

DOB: 09/20/2004
Sex: Male
DOA: 07/10/2025
Case type: No Fault
Address: 10525 62ND DR, Forest Hills, NY, 11375

Cell Phone: 347-988-9079
Home phone:
Social Security Number:

Primary Insurance: STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
Address: P.O BOX 2358, Bloomington, IL, 61702
Claim Number: 3287S435V
Policy Number: 3424210-A22-32
Policy Holder: KHUSENOV, MAKHMUDJON
Phone Number: 944-292-8615
Fax:
Carrier Case:
WCB Case:

T
L - Shoulder
L - Knee

Secondary Insurance:
Address:
Claim Number:
Policy Number:
Policy Holder:
Phone Number:
Fax:

BI Attorney: NY Injury Lawyers PLLC
Address: 99-00 Metropolitan Ave, Forest Hills, NY, Forest Hills, NY, 11375
Phone number: 646-360-0765
WC Attorney:
Address:
Phone number:

Referring Doctor:

Referring Office:

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, Makhmudjon (Print patient's name), ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS (Print hospital or health care provider name), ("Assignee") 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 _____ (Print accident date), not withstanding any other agreement 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 Makhmudjon
(Print name of Patient)

X _____
(Signature of Patient)

X 08.22.2025
(Date of signature)

_____
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

_____
(Signature of Provider)

3412 BLUESTONE LANE

9/22/25
(Date of signature)

EAST STROUDSBURG PA 18301
(Address of Provider)

NYS FORM NF-AOB (Rev 1/2004)

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: 9/22/26

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: 9/22/26

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: 9/22/26

DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 9/22/25

YOUR INFORMATION:

NAME Makhmudjon Khusenov D.O.B. 9/20/04 SS# _____ ■MALE □FEMALE

ADDRESS _____ CITY _____ STATE ____ ZIP _____ PHONE (___) ___-____

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

PRIMARY INSURANCE NAME _____ INSURANCE ID # _____

SECONDARY INSURANCE NAME _____ INSURANCE ID # _____

PROCEDURE: (Circle what is needed)

ABDOMEN ..... KUB 1 view ..... □ 74000
Complete 2 views ..... □ 74020
Acute w/chest 3 views ..... □ 74022

AC JOINTS W/ & W/O WEIGHTS
2 views ..... □ 73050

ANKLE ..... Limited 2 views - R □ L □ 73600
Complete 3 views ..... □ 73610

BONE AGE ..... 1 view ..... □ 77072

BONE SURVEY .. Complete ..... □ 77075

CERVICAL ..... Limited 2 or 3 views ..... □ 72040
Complete w/min. 4 views ..... □ 72050
Complete w/flex & ext. 7 views □ 72052

CHEST ..... Limited 1 view ..... □ 71045
Complete 2 views ..... □ 71046
Complete w/lordotic 3 views . □ 71047
Complete 4 views ..... □ 71048
Special views Decubitus ..... □ 71035

CLAVICLE ..... Complete 2 views - R □ L □ 73000

ELBOW ..... Complete 3 views - R □ L □ 73080

FACIAL BONES .. Complete 3 or more views ..... □ 70150

FEMUR ..... Complete 2 views - R □ L □ 73550

FINGER(S) #__ . Complete min. 2 views R □ L □ 73140

FOOT ..... Weight bearing 2 views R □ L □ 73620
Complete 3 views - R □ L □ 73630

FOREARM ..... Complete 2 views - R □ L □ 73090

HAND ..... Complete 3 views - R □ ..... □ 73130

HEEL ..... Complete 2 views - R □ ..... □ 73650

HIP ..... Complete 2 views - R □ ..... □ 73510
Bilateral 2 views (each hip) - R □ L □ 73520

HUMERUS ..... Complete 2 views - R □ L □ 73060

KNEE ..... Limited 1 or 2 views R □ L ☒ 73560
Complete 3 views - R □ L □ 73562
Complete 4 views - R □ L □ 73564
Both knees, AP standing - R □ L □ 73565

LUMBAR ..... Limited 2 or 3 views ..... □ 72100
Complete 4 views w/obl ..... □ 72110
Complete w/bending 7 views □ 72114
Limited w/bending 4 views ... □ 72120

MANDIBLE ..... Limited 3 views - R □ L □ 70100
Complete 4 views ..... □ 70110

MASTOIDS ..... Complete min. 3 views ..... □ 70130

NASAL BONES .. Comp. min. 3 views ..... □ 70160

NECK ..... Soft tissue 2 views ..... □ 70360

ORBITS ..... Complete 4 views ..... □ 70200
MRI screening ..... □ 70030

PELVIS ..... Complete 1 or 2 views ..... □ 72170

RIBS ..... Unilateral 2 views ..... □ 71100
3 views includes PA chest (trauma) □ 71101
Bilateral, 3 views ..... □ 71110
4 views includes PA chest ..... □ 71111

SACRUM & COCCYX. Min. 3 views ..... □ 72220

SCAPULA ..... 2 views - .....R □ L □ 73010

SC JOINTS ..... 3 views ..... □ 71130

SHOULDER ... Complete, 2 views - R □ L ☒ 73030

SI JOINTS ..... Complete, 2 views ..... □ 72200

SINUSES ..... Limited 2 or less ..... □ 70210
Complete 3+ views ..... □ 70220

SKULL ..... Limited 3 views or less ..... □ 70250
Complete 4 views ..... □ 70260

STERNUM ..... Complete 2 views ..... □ 71120

THORACIC ..... 2 views ..... ☒ 72072

THORACOLUMBAR. 2 views ..... □ 72080

TIBIA/FIBULA (LOWER LEG)
Complete 2 views - R □ L □ 73590

TMJ ..... Bilateral open/closed ..... □ 70330

TOE #__ ..... Complete min. 2 views R □ L □ 73660

WRIST ..... Complete 3 views - R □ L □ 73110

INFANT X-RAY

EXTREMITY Lower. 2 views ..... □ 73592

EXTREMITY Upper. 2 views ..... □ 73092

PELVIS & HIPS .. min. 2 views ..... □ 73540

WRIST ..... Limited 2 views - R □ L □ 73100

OTHER _____

REQUESTING PHYSICIAN:

NAME _____ NPI# _____ FAX RESULTS TO (___) _____

INDICATE REASON FOR STUDY Post Fx SIGNATURE _____

FOR OFFICE USE ONLY:

TECHNICIAN _____ TECHNIQUE _____ # OF VIEWS _____

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

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

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: MAKHMUDJON KHUSENOV
DATE OF BIRTH: 09/20/2004
ID/MRN: 20250922115209146
CLINICIAN: SCARBOROUGH, PAUL
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 09/22/2025
HISTORY: M25.512-PAIN IN LEFT SHOULDER, M54.6-PAIN IN THORACIC SPINE, M25.562-PAIN IN LEFT KNEE

SPINE THORACIC X-RAY 2 view:

Scoliosis convexity towards the right. Vertebral bodies appear of normal height. No paraspinal soft tissue mass noted. Neural foramina appear patent.

IMPRESSION:

Scoliosis noted

LEFT SHOULDER X-Ray Complete 2 or more views:

LEFT SHOULDER: The bones and joints of the left shoulder appear normal. There is no evidence of fracture, dislocation or separation. There are no soft tissue calcifications

IMPRESSION:

Negative left shoulder.

LEFT KNEE X-Ray - 1-2 view:

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

IMPRESSION:

No significant abnormalities noted

Electronically Signed By: Steven Brownstein MD 09/22/2025 16:40:12 EDT

Tech: Dynamic Mobile Xray Services LLC

SDY TECHNOLOGIES V3
www.sdyusa.com | info@sdyusa.com

PATIENT DEMOGRAPHIC FORM 09/22/2025

CHICHIBOSHVILI, MIKHEIL

DOB: 07/13/1986
Sex: Male
DOA: 07/28/2025
Case type: No Fault
Address: 2201 EAST 17TH STREET, APT 8, Brooklyn, NY, 112

Cell Phone: 929-877-3553
Home phone:
Social Security Number:

Primary Insurance: GEICO GENERAL INSURANCE COMPANY
Address: One GEICO Plaza, Washington, DC, 20076
Claim Number: 8839464320000001
Policy Number: 6190600335
Policy Holder: CHICHIBOSHVILI, MIKHEIL
Phone Number: 516-714-7242
Fax:
Carrier Case:
WCB Case:

T
L - Shoulder
R - Knee

Secondary Insurance:
Address:
Claim Number:
Policy Number:
Policy Holder:
Phone Number:
Fax:

BI Attorney: KLG - KARASIK LAW GROUP
Address: 1810 Voorhies Avenue, Suite #9, Brooklyn, NY, 11235
Phone number: 718-502-9112
WC Attorney:
Address:
Phone number:

Referring Doctor:

Referring Office: 2422 Knapp St Chiropractic PC

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, Mikheil Chichiboshvili ("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 Mikheil Chichiboshvili
(Print name of Patient)

X M. Ch
(Signature of Patient)

X 9/22/21
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

9/22/25
(Date of signature)

3412 BLUESTONE LANE

EAST STROUDSBURG PA 18301
(Address of Provider)

NYS FORM NF-AOB (Rev 1/2004)

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: M. Chu Date: 9/22/25

Consent To X-Ray:

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

X Signed: _____ Date: _____

Females: Regarding Possibility of Pregnancy

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

X Signed: _____ Date: _____

DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 9/22/25

YOUR INFORMATION:

NAME Chichibosky Jr Michael D.O.B. 7/13/86 SS#_____ ■MALE □FEMALE

ADDRESS_____ CITY_____ STATE____ ZIP_____ PHONE (___) ___-____

FACILITY (IF APPLICABLE)_____ ROOM# (IA)____ ADDRESS (IA)_____ CITY_____ STATE____ ZIP_____

PRIMARY INSURANCE NAME_____ INSURANCE ID #_____

SECONDARY INSURANCE NAME_____ INSURANCE ID #_____

PROCEDURE: (Circle what is needed)

ABDOMEN ..... KUB 1 view ..... ☐ 74000
Complete 2 views ..... ☐ 74020
Acute w/chest 3 views ..... ☐ 74022

AC JOINTS W/ & W/O WEIGHTS
2 views ..... ☐ 73050

ANKLE ..... Limited 2 views - R ☐ L ☐ 73600
Complete 3 views ..... ☐ 73610

BONE AGE ..... 1 view ..... ☐ 77072

BONE SURVEY .. Complete ..... ☐ 77075

CERVICAL ..... Limited 2 or 3 views ..... ☐ 72040
Complete w/min. 4 views ..... ☐ 72050
Complete w/flex & ext. 7 views ..... ☐ 72052

CHEST ..... Limited 1 view ..... ☐ 71045
Complete 2 views ..... ☐ 71046
Complete w/lordotic 3 views ..... ☐ 71047
Complete 4 views ..... ☐ 71048
Special views Decubitus ..... ☐ 71035

CLAVICLE ..... Complete 2 views - R ☐ L ☐ 73000

ELBOW ..... Complete 3 views - R ☐ L ☐ 73080

FACIAL BONES .. Complete 3 or more views ..... ☐ 70150

FEMUR ..... Complete 2 views - R ☐ L ☐ 73550

FINGER(S) #__ . Complete min. 2 views R ☐ L ☐ 73140

FOOT ..... Weight bearing 2 views R ☐ L ☐ 73620
Complete 3 views - R ☐ L ☐ 73630

FOREARM ..... Complete 2 views - R ☐ L ☐ 73090

HAND ..... Complete 3 views - R ☐ ..... ☐ 73130

HEEL ..... Complete 2 views - R ☐ ..... ☐ 73650

HIP ..... Complete 2 views - R ☐ ..... ☐ 73510
Bilateral 2 views (each hip) - R ☐ L ☐ 73520

HUMERUS ..... Complete 2 views - R ☐ L ☐ 73060

KNEE ..... Limited 1 or 2 views R ☒ L ☒ 73560
Complete 3 views - R ☐ L ☐ 73562
Complete 4 views - R ☐ L ☐ 73564
Both knees, AP standing - R ☐ L ☐ 73565

LUMBAR ..... Limited 2 or 3 views ..... ☐ 72100
Complete 4 views w/obl ..... ☐ 72110
Complete w/bending 7 views ..... ☐ 72114
Limited w/bending 4 views ..... ☐ 72120

MANDIBLE ..... Limited 3 views - R ☐ L ☐ 70100
Complete 4 views ..... ☐ 70110

MASTOIDS ..... Complete min. 3 views ..... ☐ 70130

NASAL BONES .. Comp. min. 3 views ..... ☐ 70160

NECK ..... Soft tissue 2 views ..... ☐ 70360

ORBITS ..... Complete 4 views ..... ☐ 70200
MRI screening ..... ☐ 70030

PELVIS ..... Complete 1 or 2 views ..... ☐ 72170

RIBS ..... Unilateral 2 views ..... ☐ 71100
3 views includes PA chest (trauma) ☐ 71101
Bilateral, 3 views ..... ☐ 71110
4 views includes PA chest ..... ☐ 71111

SACRUM & COCCYX. Min. 3 views ..... ☐ 72220

SCAPULA ..... 2 views - .....R ☐ L ☐ 73010

SC JOINTS ..... 3 views ..... ☐ 71130

SHOULDER ..... Complete, 2 views - R ☐ L ☒ 73030

SI JOINTS ..... Complete, 2 views ..... ☐ 72200

SINUSES ..... Limited 2 or less ..... ☐ 70210
Complete 3+ views ..... ☐ 70220

SKULL ..... Limited 3 views or less ..... ☐ 70250
Complete 4 views ..... ☐ 70260

STERNUM ..... Complete 2 views ..... ☐ 71120

THORACIC ..... 3 views ..... ☐ 72072

THORACOLUMBAR. 2 views ..... ☐ 72080

TIBIA/FIBULA (LOWER LEG)
Complete 2 views - R ☐ L ☐ 73590

TMJ ..... Bilateral open/closed ..... ☐ 70330

TOE #__ ..... Complete min. 2 views R ☐ L ☐ 73660

WRIST ..... Complete 3 views - R ☐ L ☐ 73110

INFANT X-RAY

EXTREMITY Lower. 2 views ..... ☐ 73592

EXTREMITY Upper. 2 views ..... ☐ 73092

PELVIS & HIPS .. min. 2 views ..... ☐ 73540

WRIST ..... Limited 2 views - R ☐ L ☐ 73100

OTHER _____

REQUESTING PHYSICIAN:

NAME Snyder NPI#_____ FAX RESULTS TO (___) ___-____

INDICATE REASON FOR STUDY Pain Eval SIGNATURE _____

FOR OFFICE USE ONLY:

TECHNICIAN_____ TECHNIQUE_____ # OF VIEWS_____

X-RAY SENT TO RADIOLOGIST_____ DATE X-RAY SENT__/__/__ PATIENT ID #_____ # OF CD_____

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

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: CHICHIBOSHVILLI MIKHEIL
DATE OF BIRTH: 07/13/1986
ID/MRN: 20250922114137384
CLINICIAN: SCARBOROUGH, PAUL
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 09/22/2025
HISTORY: M25.512-PAIN IN LEFT SHOULDER, M25.561-PAIN IN RIGHT KNEE, M25.562-PAIN IN LEFT KNEE

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 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. 09/22/2025 16:14:25 EDT

Tech: Dynamic Mobile Xray Services LLC

SDY TECHNOLOGIES V3
www.sdyusa.com | info@sdyusa.com

PATIENT DEMOGRAPHIC FORM 09/22/2025

ERKINOV, SAMANDAR

DOB: 07/27/1993
Sex:
DOA: 08/06/2025
Case type: No Fault
Address: 2001 9TH STREET, Brooklyn, NY, 11223

Cell Phone: 332-999-8979
Home phone:
Social Security Number:

Primary Insurance: STATE FARM FIRE and CASUALITY COMPANY
Address: PO Box 2358, Bloomington, IL, 61702
Claim Number: 3289T255Q
Policy Number: 362 2478-C14-32
Policy Holder: ERKINOV, SAMANDAR
Phone Number:
Fax:
Carrier Case:
WCB Case:

Secondary Insurance:
Address:
Claim Number:
Policy Number:
Policy Holder:
Phone Number:
Fax:

BI Attorney: THE LAW OFFICE OF STANISLAV LADNIK, P.C
Address: 1221 GRAVESEND NECK ROAD, Brooklyn, NY, 11229
Phone number: 718-362-3111
WC Attorney:
Address:
Phone number:

Referring Doctor:

Referring Office: 2422 Knapp St Chiropractic PC

DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 09/22/25

YOUR INFORMATION:

NAME Samandar Ergashov D.O.B. 7/27/93 SS# _____ ■MALE □FEMALE

ADDRESS _____ CITY _____ STATE ____ ZIP _____ PHONE (___) _____

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

PRIMARY INSURANCE NAME _____ INSURANCE ID # _____

SECONDARY INSURANCE NAME _____ INSURANCE ID # _____

PROCEDURE: (Circle what is needed)

ABDOMEN ..... KUB 1 view ..... ☐ 74000
Complete 2 views ..... ☐ 74020
Acute w/chest 3 views ..... ☐ 74022

AC JOINTS W/ & W/O WEIGHTS
2 views ..... ☐ 73050

ANKLE ..... Limited 2 views - R ☐ L ☐ 73600
Complete 3 views ..... ☐ 73610

BONE AGE ..... 1 view ..... ☐ 77072

BONE SURVEY .. Complete ..... ☐ 77075

CERVICAL ..... Limited 2 or 3 views ..... ☐ 72040
Complete w/min. 4 views ..... ☐ 72050
Complete w/flex & ext. 7 views ☐ 72052

CHEST ..... Limited 1 view ..... ☐ 71045
Complete 2 views ..... ☐ 71046
Complete w/lordotic 3 views . ☐ 71047
Complete 4 views ..... ☐ 71048
Special views Decubitus ..... ☐ 71035

CLAVICLE ..... Complete 2 views - R ☐ L ☐ 73000

ELBOW ..... Complete 3 views - R ☐ L ☐ 73080

FACIAL BONES .. Complete 3 or more views ..... ☐ 70150

FEMUR ..... Complete 2 views - R ☐ L ☐ 73550

FINGER(S) #__ . Complete min. 2 views R ☐ L ☐ 73140

FOOT ..... Weight bearing 2 views R ☐ L ☐ 73620
Complete 3 views - R ☐ L ☐ 73630

FOREARM ..... Complete 2 views - R ☐ L ☐ 73090

HAND ..... Complete 3 views - R ☐ ☐ 73130

HEEL ..... Complete 2 views - R ☐ ☐ 73650

HIP ..... Complete 2 views - R ☐ ☐ 73510
Bilateral 2 views (each hip) - R ☐ L ☐ 73520

HUMERUS ..... Complete 2 views - R ☐ L ☐ 73060

KNEE ..... Limited 1 or 2 views R ☒ L ☐ 73560
Complete 3 views - R ☐ L ☐ 73562
Complete 4 views - R ☐ L ☐ 73564
Both knees, AP standing - R ☐ L ☐ 73565

LUMBAR ..... Limited 2 or 3 views ..... ☐ 72100
Complete 4 views w/obl ..... ☐ 72110
Complete w/bending 7 views. ☐ 72114
Limited w/bending 4 views ... ☐ 72120

MANDIBLE ..... Limited 3 views - R ☐ L ☐ 70100
Complete 4 views ..... ☐ 70110

MASTOIDS ..... Complete min. 3 views ..... ☐ 70130

NASAL BONES .. Comp. min. 3 views ..... ☐ 70160

NECK ..... Soft tissue 2 views ..... ☐ 70360

ORBITS ..... Complete 4 views ..... ☐ 70200
MRI screening ..... ☐ 70030

PELVIS ..... Complete 1 or 2 views ..... ☐ 72170

RIBS ..... Unilateral 2 views ..... ☐ 71100
3 views includes PA chest (trauma) ☐ 71101
Bilateral, 3 views ..... ☐ 71110
4 views includes PA chest ..... ☐ 71111

SACRUM & COCCYX. Min. 3 views ..... ☐ 72220

SCAPULA ..... 2 views - .....R ☐ L ☐ 73010

SC JOINTS ..... 3 views ..... ☐ 71130

SHOULDER ..... Complete, 2 views - R ☒ L ☐ 73030

SI JOINTS ..... Complete, 2 views ..... ☐ 72200

SINUSES ..... Limited 2 or less ..... ☐ 70210
Complete 3+ views ..... ☐ 70220

SKULL ..... Limited 3 views or less ..... ☐ 70250
Complete 4 views ..... ☐ 70260

STERNUM ..... Complete 2 views ..... ☐ 71120

THORACIC ..... 2 views ..... ☒ 72072

THORACOLUMBAR. 2 views ..... ☐ 72080

TIBIA/FIBULA (LOWER LEG)
Complete 2 views - R ☐ L ☐ 73590

TMJ ..... Bilateral open/closed ..... ☐ 70330

TOE #__ ..... Complete min. 2 views R ☐ L ☐ 73660

WRIST ..... Complete 3 views - R ☐ L ☐ 73110

INFANT X-RAY

EXTREMITY Lower. 2 views ..... ☐ 73592

EXTREMITY Upper. 2 views ..... ☐ 73092

PELVIS & HIPS .. min. 2 views ..... ☐ 73540

WRIST ..... Limited 2 views - R ☐ L ☐ 73100

OTHER _____

REQUESTING PHYSICIAN: Samandar

NAME _____ NPI# _____ FAX RESULTS TO (___) _____

INDICATE REASON FOR STUDY Pain / PO SIGNATURE _____

FOR OFFICE USE ONLY:

TECHNICIAN _____ TECHNIQUE _____ # OF VIEWS _____

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

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

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or

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

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

Claim Number: _____

X SAMHIVDAR K , ("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 SAMHIVDAR
(Print name of Patient)

X E
(Signature of Patient)

X 9/22/25
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

9/22/25
(Date of signature)

3412 BLUESTONE LANE

EAST STROUDSBURG PA 18301
(Address of Provider)

NYS FORM NF-AOB (Rev 1/2004)

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: 9/22/23

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: _____

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: _____

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: SAMANDAR ERKINOV
DATE OF BIRTH: 07/27/1993
ID/MRN: 20250922122808301
CLINICIAN: SCARBOROUGH, PAUL
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 09/22/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.511-PAIN IN RIGHT SHOULDER, M25.561-PAIN IN RIGHT KNEE

SPINE THORACIC X-RAY 2 view:

THORACIC SPINE:
Thoracic spine two view: No fracture is identified. Alignment is normal. The vertebral bodies are intact and the disc spaces are preserved. No incidental findings.

IMPRESSION:

Negative study.

RIGHT SHOULDER X-Ray Complete 2 or more views:

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

IMPRESSION:

Negative study.

RIGHT KNEE X-Ray - 1-2 view:

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

IMPRESSION:

Negative study.

Electronically Signed By: Dr. Joseph Dixon M.D. 09/22/2025 14:49:49 EDT

Tech: Dynamic Mobile Xray Services LLC

SDY TECHNOLOGIES V3
www.sdyusa.com | info@sdyusa.com

PATIENT DEMOGRAPHIC FORM 09/22/2025

HUSENOV, JURAKUL

DOB: 08/03/1996
Sex: Male
DOA: 07/10/2025
Case type: No Fault
Address: 27 STOLL ST, Dundee, NY, 14837

Cell Phone: 347-475-9941
Home phone:
Social Security Number:

Primary Insurance: STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
Address: P.O BOX 2358, Bloomington, IL, 61702
Claim Number: 3287S435V
Policy Number: 3424210-A22-32
Policy Holder: HUSENOV, JURAKUL
Phone Number: 944-292-8615
Fax:
Carrier Case:
WCB Case:

T
R- SH
R- 12

Secondary Insurance:
Address:
Claim Number:
Policy Number:
Policy Holder:
Phone Number:
Fax:

BI Attorney: NY Injury Lawyers PLLC
Address: 99-00 Metropolitan Ave, Forest Hills, NY, Forest Hills, NY, 11375
Phone number: 646-360-0765
WC Attorney:
Address:
Phone number:

Referring Doctor:

Referring Office:

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: HUSENOV JURAKUL
DATE OF BIRTH: 08/03/1996
ID/MRN: 20250922115938993
CLINICIAN: SCARBOROUGH, PAUL
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 09/22/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.512-PAIN IN LEFT SHOULDER, M25.511-PAIN IN RIGHT SHOULDER, M25.561-PAIN IN RIGHT KNEE, M25.562-PAIN IN LEFT KNEE

SPINE THORACIC X-RAY 2 view:

THORACIC SPINE:
Thoracic spine two view: No fracture is identified. Alignment is normal. The vertebral bodies are intact and the disc spaces are preserved. No incidental findings.

IMPRESSION:

Negative study.

LEFT SHOULDER X-Ray Complete 2 or more views:

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

IMPRESSION:

Negative Study.

RIGHT SHOULDER X-Ray Complete 2 or more views:

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

IMPRESSION:

Negative study.

LEFT KNEE X-Ray - 1-2 view:

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

IMPRESSION:

Negative Study.

RIGHT KNEE X-Ray - 1-2 view:

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

IMPRESSION:

Negative study.

Electronically Signed By: Dr. Joseph Dixon M.D. 09/22/2025 14:31:28 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 I, Jurakul Hussenov ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS., ("Assignee")
(Print patient's name) (Print hospital or health care provider name)
all rights privileges and remedies to payment for health care services provided by assignee to which I am entitled under Article 51 (the No-Fault statute) of the Insurance Law.

The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained due to the motor vehicle accident which occurred on 07/10/25, not withstanding any other agreement
(Print accident date)
to the contrary.

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

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

X Jurakul Hussenov
(Print name of Patient)

X _____
(Signature of Patient)

105 25 62nd Dr Forest Hills NY 11375
(Address of Patient)

X 09/22/25
(Date of signature)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

_____
(Signature of Provider)

3412 BLUESTONE LANE

9/22/25
(Date of signature)

EAST STROUDSBURG PA 18301
(Address of Provider)

NYS FORM NF-AOB (Rev 1/2004)

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: 09/22/25

Consent To X-Ray:

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

X Signed: _____ Date: 09/22/25

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: 09/22/25

DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 9/22/23

YOUR INFORMATION:

NAME Hussenov Yuriy D.O.B. 08/3/96 SS# - - ■MALE □FEMALE

ADDRESS _____ CITY _____ STATE ____ ZIP _____ PHONE (___) ___-____

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

PRIMARY INSURANCE NAME _____ INSURANCE ID # _____

SECONDARY INSURANCE NAME _____ INSURANCE ID # _____

PROCEDURE: (Circle what is needed)

ABDOMEN ..... KUB 1 view ..... ☐ 74000
Complete 2 views ..... ☐ 74020
Acute w/chest 3 views ..... ☐ 74022

AC JOINTS W/ & W/O WEIGHTS
2 views ..... ☐ 73050

ANKLE ..... Limited 2 views - R ☐ L ☐ 73600
Complete 3 views ..... ☐ 73610

BONE AGE ..... 1 view ..... ☐ 77072

BONE SURVEY .. Complete ..... ☐ 77075

CERVICAL ..... Limited 2 or 3 views ..... ☐ 72040
Complete w/min. 4 views ..... ☐ 72050
Complete w/flex & ext. 7 views ☐ 72052

CHEST ..... Limited 1 view ..... ☐ 71045
Complete 2 views ..... ☐ 71046
Complete w/lordotic 3 views . ☐ 71047
Complete 4 views ..... ☐ 71048
Special views Decubitus ..... ☐ 71035

CLAVICLE ..... Complete 2 views - R ☐ L ☐ 73000

ELBOW ..... Complete 3 views - R ☐ L ☐ 73080

FACIAL BONES .. Complete 3 or more views ..... ☐ 70150

FEMUR ..... Complete 2 views - R ☐ L ☐ 73550

FINGER(S) #__ . Complete min. 2 views R ☐ L ☐ 73140

FOOT ..... Weight bearing 2 views R ☐ L ☐ 73620
Complete 3 views - R ☐ L ☐ 73630

FOREARM ..... Complete 2 views - R ☐ L ☐ 73090

HAND ..... Complete 3 views - R ☐ ☐ 73130

HEEL ..... Complete 2 views - R ☐ ☐ 73650

HIP ..... Complete 2 views - R ☐ ☐ 73510
Bilateral 2 views (each hip) - R ☐ L ☐ 73520

HUMERUS ..... Complete 2 views - R ☐ L ☐ 73060

KNEE ..... Limited 1 or 2 views R ☒ L ☒ 73560
Complete 3 views - R ☐ L ☐ 73562
Complete 4 views - R ☐ L ☐ 73564
Both knees, AP standing - R ☐ L ☐ 73565

LUMBAR ..... Limited 2 or 3 views ..... ☐ 72100
Complete 4 views w/obl ..... ☐ 72110
Complete w/bending 7 views ☐ 72114
Limited w/bending 4 views ... ☐ 72120

MANDIBLE ..... Limited 3 views - R ☐ L ☐ 70100
Complete 4 views ..... ☐ 70110

MASTOIDS ..... Complete min. 3 views ..... ☐ 70130

NASAL BONES .. Comp. min. 3 views ..... ☐ 70160

NECK ..... Soft tissue 2 views ..... ☐ 70360

ORBITS ..... Complete 4 views ..... ☐ 70200
MRI screening ..... ☐ 70030

PELVIS ..... Complete 1 or 2 views ..... ☐ 72170

RIBS ..... Unilateral 2 views ..... ☐ 71100
3 views includes PA chest (trauma) ☐ 71101
Bilateral, 3 views ..... ☐ 71110
4 views includes PA chest ..... ☐ 71111

SACRUM & COCCYX. Min. 3 views ..... ☐ 72220

SCAPULA ..... 2 views - .....R ☐ L ☐ 73010

SC JOINTS ..... 3 views ..... ☐ 71130

SHOULDER .... Complete, 2 views - R ☒ L ☒ 73030

SI JOINTS ..... Complete, 2 views ..... ☐ 72200

SINUSES ..... Limited 2 or less ..... ☐ 70210
Complete 3+ views ..... ☐ 70220

SKULL ..... Limited 3 views or less ..... ☐ 70250
Complete 4 views ..... ☐ 70260

STERNUM ..... Complete 2 views ..... ☐ 71120

THORACIC ..... 2 views ..... ☒ 72072

THORACOLUMBAR. 2 views ..... ☐ 72080

TIBIA/FIBULA (LOWER LEG)
Complete 2 views - R ☐ L ☐ 73590

TMJ ..... Bilateral open/closed ..... ☐ 70330

TOE #__ ..... Complete min. 2 views R ☐ L ☐ 73660

WRIST ..... Complete 3 views - R ☐ L ☐ 73110

INFANT X-RAY

EXTREMITY Lower. 2 views ..... ☐ 73592

EXTREMITY Upper. 2 views ..... ☐ 73092

PELVIS & HIPS .. min. 2 views ..... ☐ 73540

WRIST ..... Limited 2 views - R ☐ L ☐ 73100

OTHER _____

REQUESTING PHYSICIAN:

NAME Schubert NPI# _____ FAX RESULTS TO (___) _____

INDICATE REASON FOR STUDY PAIN / FX SIGNATURE _____

FOR OFFICE USE ONLY:

TECHNICIAN _____ TECHNIQUE _____ # OF VIEWS _____

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

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

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or

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www.sdyusa.com | info@sdyusa.com

PATIENT DEMOGRAPHIC FORM 09/22/2025

JABBAROV, JALOLIDDIN

DOB: 04/16/2003
Sex: Male
DOA: 08/06/2025
Case type: No Fault
Address: 2001 EAST 9 STREET, Brooklyn, NY, 11223

Cell Phone: 267-882-4268
Home phone:
Social Security Number:

Primary Insurance: STATE FARM FIRE and CASUALITY COMPANY
Address: PO Box 2358, Bloomington, IL, 61702
Claim Number: 3289T255Q
Policy Number: 362 2478-C14-32
Policy Holder: JABBAROV, JALOLIDDIN
Phone Number:
Fax:
Carrier Case:
WCB Case:

Secondary Insurance:
Address:
Claim Number:
Policy Number:
Policy Holder:
Phone Number:
Fax:

BI Attorney: THE LAW OFFICE OF STANISLAV LADNIK, P.C
Address: 1221 GRAVESEND NECK ROAD, Brooklyn, NY, 11229
Phone number: 718-362-3111
WC Attorney:
Address:
Phone number:

Referring Doctor:

Referring Office: 2422 Knapp St Chiropractic PC

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, Jalolidolin (Print patient's name), ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS (Print hospital or health care provider name), ("Assignee") 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 _____ (Print accident date), not withstanding any other agreement 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 _____ (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)

X _____ (Signature of Patient)

X 09.22.25 (Date of signature)

_____ (Signature of Provider)

9/22/25 (Date of signature)

NYS FORM NF-AOB (Rev 1/2004)

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: _____

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: _____

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: _____

DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 9/22/25

YOUR INFORMATION:

NAME Jabarov Jaloliddin D.O.B. 4/16/2003 SS# _____ ■MALE □FEMALE

ADDRESS _____ CITY _____ STATE ____ ZIP _____ PHONE ( ) _____ - _____

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

PRIMARY INSURANCE NAME _____ INSURANCE ID # _____

SECONDARY INSURANCE NAME _____ INSURANCE ID # _____

PROCEDURE: (Circle what is needed)

ABDOMEN ..... KUB 1 view ..... □ 74000
Complete 2 views ..... □ 74020
Acute w/chest 3 views ..... □ 74022

AC JOINTS W/ & W/O WEIGHTS
2 views ..... □ 73050

ANKLE ..... Limited 2 views - R □ L □ 73600
Complete 3 views ..... □ 73610

BONE AGE ..... 1 view ..... □ 77072

BONE SURVEY .. Complete ..... □ 77075

CERVICAL ..... Limited 2 or 3 views ..... □ 72040
Complete w/min. 4 views ..... □ 72050
Complete w/flex & ext. 7 views ..... □ 72052

CHEST ..... Limited 1 view ..... □ 71045
Complete 2 views ..... □ 71046
Complete w/lordotic 3 views ..... □ 71047
Complete 4 views ..... □ 71048
Special views Decubitus ..... □ 71035

CLAVICLE ..... Complete 2 views - R □ L □ 73000

ELBOW ..... Complete 3 views - R □ L □ 73080

FACIAL BONES .. Complete 3 or more views ..... □ 70150

FEMUR ..... Complete 2 views - R □ L □ 73550

FINGER(S) #__ . Complete min. 2 views R □ L □ 73140

FOOT ..... Weight bearing 2 views R □ L □ 73620
Complete 3 views - R □ L □ 73630

FOREARM ..... Complete 2 views - R □ L □ 73090

HAND ..... Complete 3 views - R □ ..... □ 73130

HEEL ..... Complete 2 views - R □ ..... □ 73650

HIP ..... Complete 2 views - R □ ..... □ 73510
Bilateral 2 views (each hip) - R □ L □ 73520

HUMERUS ..... Complete 2 views - R □ L □ 73060

KNEE ..... Limited 1 or 2 views R ☒ L □ 73560
Complete 3 views - R □ L □ 73562
Complete 4 views - R □ L □ 73564
Both knees, AP standing - R □ L □ 73565

LUMBAR ..... Limited 2 or 3 views ..... □ 72100
Complete 4 views w/obl ..... □ 72110
Complete w/bending 7 views ..... □ 72114
Limited w/bending 4 views ..... □ 72120

MANDIBLE ..... Limited 3 views - R □ L □ 70100
Complete 4 views ..... □ 70110

MASTOIDS ..... Complete min. 3 views ..... □ 70130

NASAL BONES .. Comp. min. 3 views ..... □ 70160

NECK ..... Soft tissue 2 views ..... □ 70360

ORBITS ..... Complete 4 views ..... □ 70200
MRI screening ..... □ 70030

PELVIS ..... Complete 1 or 2 views ..... □ 72170

RIBS ..... Unilateral 2 views ..... □ 71100
3 views includes PA chest (trauma) □ 71101
Bilateral, 3 views ..... □ 71110
4 views includes PA chest ..... □ 71111

SACRUM & COCCYX. Min. 3 views ..... □ 72220

SCAPULA ..... 2 views - ..... R □ L □ 73010

SC JOINTS ..... 3 views ..... □ 71130

SHOULDER ..... Complete, 2 views - R ☒ L □ 73030

SI JOINTS ..... Complete, 2 views ..... □ 72200

SINUSES ..... Limited 2 or less ..... □ 70210
Complete 3+ views ..... □ 70220

SKULL ..... Limited 3 views or less ..... □ 70250
Complete 4 views ..... □ 70260

STERNUM ..... Complete 2 views ..... □ 71120

THORACIC ..... 2 views ..... ☒ 72072

THORACOLUMBAR. 2 views ..... □ 72080

TIBIA/FIBULA (LOWER LEG)
Complete 2 views - R □ L □ 73590

TMJ ..... Bilateral open/closed ..... □ 70330

TOE #__ ..... Complete min. 2 views R □ L □ 73660

WRIST ..... Complete 3 views - R □ L □ 73110

INFANT X-RAY

EXTREMITY Lower. 2 views ..... □ 73592

EXTREMITY Upper. 2 views ..... □ 73092

PELVIS & HIPS .. min. 2 views ..... □ 73540

WRIST ..... Limited 2 views - R □ L □ 73100

OTHER _____

REQUESTING PHYSICIAN:

NAME Scanlon NPI# _____ FAX RESULTS TO ( ) _____

INDICATE REASON FOR STUDY Neck pain SIGNATURE _____

FOR OFFICE USE ONLY:

TECHNICIAN _____ TECHNIQUE _____ # OF VIEWS _____

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

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

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: JABAROV JALOLIDDIN
DATE OF BIRTH: 04/16/2003
ID/MRN: 20250922120627980
CLINICIAN: SCARBOROUGH, PAUL
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 09/22/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.511-PAIN IN RIGHT SHOULDER, M25.561-PAIN IN RIGHT KNEE

SPINE THORACIC X-RAY 2 view:

THORACIC SPINE:
Thoracic spine two view: No fracture is identified. Alignment is normal. The vertebral bodies are intact and the disc spaces are preserved. No incidental findings.

IMPRESSION:

Negative study.

RIGHT SHOULDER X-Ray Complete 2 or more views:

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

IMPRESSION:

Negative study.

RIGHT KNEE X-Ray - 1-2 view:

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

IMPRESSION:

Negative study.

Electronically Signed By: Dr. Joseph Dixon M.D. 09/22/2025 14:52:01 EDT

Tech: Dynamic Mobile Xray Services LLC

SDY TECHNOLOGIES V3
www.sdyusa.com | info@sdyusa.com

PATIENT DEMOGRAPHIC FORM 09/22/2025

CRAWFORD, ASHLEY

DOB: 04/26/1998
Sex: Female
DOA: 09/10/2025
Case type: No Fault
Address: 935 EAST 43RD STREET, Brooklyn, NY, 11210

Cell Phone: 917-753-7703
Home phone:
Social Security Number:

Primary Insurance: Foremost Signature Insurance Co
Address: PO BOX 1628, Grand Rapids, MI, 49501
Claim Number: 7009405761-1
Policy Number: GO01689296700
Policy Holder: CRAWFORD, ASHLEY
Phone Number: 302-416-8180
Fax:
Carrier Case:
WCB Case:

Secondary Insurance:
Address:
Claim Number:
Policy Number:
Policy Holder:
Phone Number:
Fax:

BI Attorney: THE SANDERS LAW FIRM
Address: 1938 Coney Island Avenue, Suite #201, Brooklyn, NY, 11230
Phone number: 718-874-8869
WC Attorney:
Address:
Phone number:

Referring Doctor:

Referring Office: 2422 Knapp St Chiropractic PC

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, Ashley Crawford ("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 9/10/25, not withstanding any other agreement
(Print accident date)
to the contrary.

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

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

X Ashley Crawford
(Print name of Patient)

X _____
(Signature of Patient)

X 9/22/25
(Date of signature)

_____
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

_____
(Signature of Provider)

3412 BLUESTONE LANE

9/22/25
(Date of signature)

EAST STROUDSBURG PA 18301
(Address of Provider)

NYS FORM NF-AOB (Rev 1/2004)

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: 9/22/25

Consent To X-Ray:

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

X Signed: _____ Date: 9/22/25

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: 9/22/25

DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 9/22/25

YOUR INFORMATION:

NAME Crawford Ashley D.O.B. 4/26/88 SS# _____ ■MALE □FEMALE

ADDRESS _____ CITY _____ STATE ____ ZIP _____ PHONE (___) ___-____

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

PRIMARY INSURANCE NAME _____ INSURANCE ID # _____

SECONDARY INSURANCE NAME _____ INSURANCE ID # _____

PROCEDURE: (Circle what is needed)

ABDOMEN ..... KUB 1 view ..... □ 74000
Complete 2 views ..... □ 74020
Acute w/chest 3 views ..... □ 74022

AC JOINTS W/ & W/O WEIGHTS
2 views ..... □ 73050

ANKLE ..... Limited 2 views - R □ L □ 73600
Complete 3 views ..... □ 73610

BONE AGE ..... 1 view ..... □ 77072

BONE SURVEY .. Complete ..... □ 77075

CERVICAL ..... Limited 2 or 3 views ..... □ 72040
Complete w/min. 4 views ..... □ 72050
Complete w/flex & ext. 7 views □ 72052

CHEST ..... Limited 1 view ..... □ 71045
Complete 2 views ..... □ 71046
Complete w/lordotic 3 views . □ 71047
Complete 4 views ..... □ 71048
Special views Decubitus ..... □ 71035

CLAVICLE ..... Complete 2 views - R □ L □ 73000

ELBOW ..... Complete 3 views - R □ L □ 73080

FACIAL BONES .. Complete 3 or more views ..... □ 70150

FEMUR ..... Complete 2 views - R □ L □ 73550

FINGER(S) #__ . Complete min. 2 views R □ L □ 73140

FOOT ..... Weight bearing 2 views R □ L □ 73620
Complete 3 views - R □ L □ 73630

FOREARM ..... Complete 2 views - R □ L □ 73090

HAND ..... Complete 3 views - R □ ..... □ 73130

HEEL ..... Complete 2 views - R □ ..... □ 73650

HIP ..... Complete 2 views - R □ ..... □ 73510
Bilateral 2 views (each hip) - R □ L □ 73520

HUMERUS ..... Complete 2 views - R □ L □ 73060

KNEE ..... Limited 1 or 2 views R ☒ L □ 73560
Complete 3 views - R □ L □ 73562
Complete 4 views - R □ L □ 73564
Both knees, AP standing - R □ L □ 73565

LUMBAR ..... Limited 2 or 3 views ..... □ 72100
Complete 4 views w/obl ..... □ 72110
Complete w/bending 7 views. □ 72114
Limited w/bending 4 views ... □ 72120

MANDIBLE ..... Limited 3 views - R □ L □ 70100
Complete 4 views ..... □ 70110

MASTOIDS ..... Complete min. 3 views ..... □ 70130

NASAL BONES .. Comp. min. 3 views ..... □ 70160

NECK ..... Soft tissue 2 views ..... □ 70360

ORBITS ..... Complete 4 views ..... □ 70200
MRI screening ..... □ 70030

PELVIS ..... Complete 1 or 2 views ..... □ 72170

RIBS ..... Unilateral 2 views ..... □ 71100
3 views includes PA chest (trauma) □ 71101
Bilateral, 3 views ..... □ 71110
4 views includes PA chest ..... □ 71111

SACRUM & COCCYX. Min. 3 views ..... □ 72220

SCAPULA ..... 2 views - ..... R □ L □ 73010

SC JOINTS ..... 3 views ..... □ 71130

SHOULDER ..... Complete, 2 views - R ☒ L □ 73030

SI JOINTS ..... Complete, 2 views ..... □ 72200

SINUSES ..... Limited 2 or less ..... □ 70210
Complete 3+ views ..... □ 70220

SKULL ..... Limited 3 views or less ..... □ 70250
Complete 4 views ..... □ 70260

STERNUM ..... Complete 2 views ..... □ 71120

THORACIC ..... 2 views ..... ☒ 72072

THORACOLUMBAR. 2 views ..... □ 72080

TIBIA/FIBULA (LOWER LEG)
Complete 2 views - R □ L □ 73590

TMJ ..... Bilateral open/closed ..... □ 70330

TOE #__ ..... Complete min. 2 views R □ L □ 73660

WRIST ..... Complete 3 views - R □ L □ 73110

INFANT X-RAY

EXTREMITY Lower. 2 views ..... □ 73592

EXTREMITY Upper. 2 views ..... □ 73092

PELVIS & HIPS .. min. 2 views ..... □ 73540

WRIST ..... Limited 2 views - R □ L □ 73100

OTHER _____

REQUESTING PHYSICIAN:

NAME Shepherd PC NPI# _____ FAX RESULTS TO (___) ___-____

INDICATE REASON FOR STUDY Pain / FX SIGNATURE _____

FOR OFFICE USE ONLY:

TECHNICIAN _____ TECHNIQUE _____ # OF VIEWS _____

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

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

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: CRAWFORD ASHLEY
DATE OF BIRTH: 04/26/1998
ID/MRN: 20250922134856878
CLINICIAN: SCARBOROUGH, PAUL
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 09/22/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.511-PAIN IN RIGHT SHOULDER, M25.561-PAIN IN RIGHT KNEE

SPINE THORACIC X-RAY 2 view:

Mild scoliosis convexity towards the right noted. No fracture noted. No paraspinal soft tissue mass noted. Neural foramina appear patent.

IMPRESSION:

Scoliosis noted

RIGHT SHOULDER X-Ray Complete 2 or more views:

RIGHT SHOULDER: The bones and joints of the right shoulder appear normal. There is no evidence of fracture, dislocation or separation. There are no soft tissue calcifications

IMPRESSION:

Negative right shoulder.

RIGHT KNEE X-Ray - 1-2 view:

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

IMPRESSION:

No significant abnormalities noted

Electronically Signed By: Steven Brownstein MD 09/22/2025 16:41:21 EDT

Tech: Dynamic Mobile Xray Services LLC

SDY TECHNOLOGIES V3
www.sdyusa.com | info@sdyusa.com

PATIENT DEMOGRAPHIC FORM 09/22/2025

SIRODZHOV, ABDULDZHABBOR

DOB: 04/25/1981
Sex:
DOA: 08/13/2025
Case type: No Fault
Address: 1505 GRAVESEND NECK RD, Brooklyn, NY, 11229

Cell Phone: 332-258-6081
Home phone:
Social Security Number:

Primary Insurance: COUNTRY WIDE INS.
Address: 40 WALL STREET, 14TH FLOOR, New York City, NY, 10005
Claim Number: 373537001
Policy Number: BS950070325
Policy Holder: SIRODZHOV, ABDULDZHABBOR
Phone Number:
Fax:
Carrier Case:
WCB Case:

Secondary Insurance:
Address:
Claim Number:
Policy Number:
Policy Holder:
Phone Number:
Fax:

BI Attorney: CHERNYY & ASSOCIATES P.C
Address: 1901 Emmons Avenue , Suite 201, Brooklyn, NY, 11235
Phone number: 718-682-3939
WC Attorney:
Address:
Phone number:

Referring Doctor:

Referring Office: 2422 Knapp St Chiropractic PC

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, ABDULDZHABBOR, ("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 ABDULDZHABBOR
(Print name of Patient)

X _____
(Signature of Patient)

_____

X 9/22/25
(Date of signature)

_____
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

_____
(Signature of Provider)

3412 BLUESTONE LANE

9/22/25
(Date of signature)

EAST STROUDSBURG PA 18301
(Address of Provider)

NYS FORM NF-AOB (Rev 1/2004)

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: ABDULRAHMAN Date: 9/22/25

Consent To X-Ray:

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

X Signed: _____ Date: _____

Females: Regarding Possibility of Pregnancy

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

X Signed: _____ Date: _____

DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 09/22/24

YOUR INFORMATION:

NAME Sirod2no4 Abdalkadir D.O.B. 04/25/81 SS# _____ ■MALE ☐FEMALE

ADDRESS _____ CITY _____ STATE ____ ZIP _____ PHONE (____) _____

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

PRIMARY INSURANCE NAME _____ INSURANCE ID # _____

SECONDARY INSURANCE NAME _____ INSURANCE ID # _____

PROCEDURE: (Circle what is needed)

ABDOMEN ..... KUB 1 view ☐ 74000
Complete 2 views ☐ 74020
Acute w/chest 3 views ☐ 74022

AC JOINTS W/ & W/O WEIGHTS
2 views ☐ 73050

ANKLE ..... Limited 2 views - R ☐ L ☐ 73600
Complete 3 views ☐ 73610

BONE AGE ..... 1 view ☐ 77072

BONE SURVEY .. Complete ☐ 77075

CERVICAL ..... Limited 2 or 3 views ☐ 72040
Complete w/min. 4 views ☐ 72050
Complete w/flex & ext. 7 views ☐ 72052

CHEST ..... Limited 1 view ☐ 71045
Complete 2 views ☐ 71046
Complete w/lordotic 3 views ☐ 71047
Complete 4 views ☐ 71048
Special views Decubitus ☐ 71035

CLAVICLE ..... Complete 2 views - R ☐ L ☐ 73000

ELBOW ..... Complete 3 views - R ☐ L ☐ 73080

FACIAL BONES .. Complete 3 or more views ☐ 70150

FEMUR ..... Complete 2 views - R ☐ L ☐ 73550

FINGER(S) #__ . Complete min. 2 views R ☐ L ☐ 73140

FOOT ..... Weight bearing 2 views R ☐ L ☐ 73620
Complete 3 views - R ☐ L ☐ 73630

FOREARM ..... Complete 2 views - R ☐ L ☐ 73090

HAND ..... Complete 3 views - R ☐ ☐ 73130

HEEL ..... Complete 2 views - R ☐ ☐ 73650

HIP ..... Complete 2 views - R ☐ ☐ 73510
Bilateral 2 views (each hip) - R ☐ L ☐ 73520

HUMERUS ..... Complete 2 views - R ☐ L ☐ 73060

KNEE ..... Limited 1 or 2 views R ☐ L ☐ 73560
Complete 3 views - R ☐ L ☐ 73562
Complete 4 views - R ☐ L ☐ 73564
Both knees, AP standing - R ☐ L ☐ 73565

LUMBAR ..... Limited 2 or 3 views ☐ 72100
Complete 4 views w/obl ☐ 72110
Complete w/bending 7 views ☐ 72114
Limited w/bending 4 views ☐ 72120

MANDIBLE ..... Limited 3 views - R ☐ L ☐ 70100
Complete 4 views ☐ 70110

MASTOIDS ..... Complete min. 3 views ☐ 70130

NASAL BONES .. Comp. min. 3 views ☐ 70160

NECK ..... Soft tissue 2 views ☐ 70360

ORBITS ..... Complete 4 views ☐ 70200
MRI screening ☐ 70030

PELVIS ..... Complete 1 or 2 views ☐ 72170

RIBS ..... Unilateral 2 views ☐ 71100
3 views includes PA chest (trauma) ☐ 71101
Bilateral, 3 views ☐ 71110
4 views includes PA chest ☐ 71111

SACRUM & COCCYX. Min. 3 views ☐ 72220

SCAPULA ..... 2 views - R ☐ L ☐ 73010

SC JOINTS ..... 3 views ☐ 71130

SHOULDER .. Complete, 2 views - R ☒ L ☐ 73030

SI JOINTS ..... Complete, 2 views ☐ 72200

SINUSES ..... Limited 2 or less ☐ 70210
Complete 3+ views ☐ 70220

SKULL ..... Limited 3 views or less ☐ 70250
Complete 4 views ☐ 70260

STERNUM ..... Complete 2 views ☐ 71120

THORACIC ..... 2 views ☐ 72072

THORACOLUMBAR. 2 views ☐ 72080

TIBIA/FIBULA (LOWER LEG)
Complete 2 views - R ☐ L ☐ 73590

TMJ ..... Bilateral open/closed ☐ 70330

TOE #__ ..... Complete min. 2 views R ☐ L ☐ 73660

WRIST ..... Complete 3 views - R ☐ L ☐ 73110

INFANT X-RAY

EXTREMITY Lower. 2 views ☐ 73592

EXTREMITY Upper. 2 views ☐ 73092

PELVIS & HIPS .. min. 2 views ☐ 73540

WRIST ..... Limited 2 views - R ☐ L ☐ 73100

OTHER _____

REQUESTING PHYSICIAN:

NAME Scarborough NPI# _____ FAX RESULTS TO (____) _____

INDICATE REASON FOR STUDY Pain / Eval SIGNATURE _____

FOR OFFICE USE ONLY:

TECHNICIAN _____ TECHNIQUE _____ # OF VIEWS _____

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

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

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: SIRODZHOV ABDULDZHABBOR
DATE OF BIRTH: 04/25/1981
ID/MRN: 20250922140814261
CLINICIAN: SCARBOROUGH, PAUL
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 09/22/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.511-PAIN IN RIGHT SHOULDER

SPINE THORACIC X-RAY 2 view:

THORACIC SPINE:
Thoracic spine two view: No fracture is identified. Alignment is normal. The vertebral bodies are intact and the disc spaces are preserved. No incidental findings.

IMPRESSION:

Negative study.

RIGHT SHOULDER X-Ray Complete 2 or more views:

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

IMPRESSION:

Negative study.

Electronically Signed By: Dr. Joseph Dixon M.D. 09/22/2025 14:54:10 EDT

Tech: Dynamic Mobile Xray Services LLC

SDY TECHNOLOGIES V3
www.sdyusa.com | info@sdyusa.com

PATIENT DEMOGRAPHIC FORM 09/22/2025

ASLAMAZISHVILI, MOGELI

DOB: 08/25/1981
Sex: Male
DOA: 07/21/2025
Case type: No Fault
Address: 1245 AVENUE X AP L 5, Brooklyn, NY, 11235

Cell Phone: 347-737-3453
Home phone:
Social Security Number:

Primary Insurance: STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
Address: P.O BOX 2358, Bloomington, IL, 61702
Claim Number: 3288Z569T
Policy Number: 2342043-B08-32B
Policy Holder: ASLAMAZISHVILI, MOGELI
Phone Number:
Fax:
Carrier Case:
WCB Case:

Thumb
Shoulder L
Elbow L
Knee R

Secondary Insurance:
Address:
Claim Number:
Policy Number:
Policy Holder:
Phone Number:
Fax:

BI Attorney: Lozner & Mastropietro Law Office
Address: 1901 Emmons Ave, Suite #206, Brooklyn, NY, 11235
Phone number: 718-615-0044
WC Attorney:
Address:
Phone number:

Referring Doctor:

Referring Office: 2422 Knapp St Chiropractic PC

DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 9/22/23

YOUR INFORMATION:

NAME Aslam Shahid Mogel D.O.B. 8/25/58 SS# _____ ■MALE □FEMALE

ADDRESS _____ CITY _____ STATE ____ ZIP _____ PHONE (___) ___-____

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

PRIMARY INSURANCE NAME _____ INSURANCE ID # _____

SECONDARY INSURANCE NAME _____ INSURANCE ID # _____

PROCEDURE: (Circle what is needed)

ABDOMEN ..... KUB 1 view ..... □ 74000
Complete 2 views ..... □ 74020
Acute w/chest 3 views ..... □ 74022

AC JOINTS W/ & W/O WEIGHTS
2 views ..... □ 73050

ANKLE ..... Limited 2 views - R □ L □ 73600
Complete 3 views ..... □ 73610

BONE AGE ..... 1 view ..... □ 77072

BONE SURVEY .. Complete ..... □ 77075

CERVICAL ..... Limited 2 or 3 views ..... □ 72040
Complete w/min. 4 views ..... □ 72050
Complete w/flex & ext. 7 views □ 72052

CHEST ..... Limited 1 view ..... □ 71045
Complete 2 views ..... □ 71046
Complete w/lordotic 3 views . □ 71047
Complete 4 views ..... □ 71048
Special views Decubitus ..... □ 71035

CLAVICLE ..... Complete 2 views - R □ L □ 73000

ELBOW ..... Complete 2 views - R □ L ☒ 73080

FACIAL BONES .. Complete 3 or more views ..... □ 70150

FEMUR ..... Complete 2 views - R □ L □ 73550

FINGER(S) #__ . Complete min. 2 views R □ L □ 73140

FOOT ..... Weight bearing 2 views R □ L □ 73620
Complete 3 views - R □ L □ 73630

FOREARM ..... Complete 2 views - R □ L □ 73090

HAND ..... Complete 3 views - R □ ... □ 73130

HEEL ..... Complete 2 views - R □ ... □ 73650

HIP ..... Complete 2 views - R □ ... □ 73510
Bilateral 2 views (each hip) - R □ L □ 73520

HUMERUS ..... Complete 2 views - R □ L □ 73060

KNEE ..... Limited 1 or 2 views R ☒ L □ 73560
Complete 3 views - R □ L □ 73562
Complete 4 views - R □ L □ 73564
Both knees, AP standing - R □ L □ 73565

LUMBAR ..... Limited 2 or 3 views ..... □ 72100
Complete 4 views w/obl ..... □ 72110
Complete w/bending 7 views □ 72114
Limited w/bending 4 views ... □ 72120

MANDIBLE ..... Limited 3 views - R □ L □ 70100
Complete 4 views ..... □ 70110

MASTOIDS ..... Complete min. 3 views ..... □ 70130

NASAL BONES .. Comp. min. 3 views ..... □ 70160

NECK ..... Soft tissue 2 views ..... □ 70360

ORBITS ..... Complete 4 views ..... □ 70200
MRI screening ..... □ 70030

PELVIS ..... Complete 1 or 2 views ..... □ 72170

RIBS ..... Unilateral 2 views ..... □ 71100
3 views includes PA chest (trauma) □ 71101
Bilateral, 3 views ..... □ 71110
4 views includes PA chest ..... □ 71111

SACRUM & COCCYX. Min. 3 views ..... □ 72220

SCAPULA ..... 2 views - .....R □ L □ 73010

SC JOINTS ..... 3 views ..... □ 71130

SHOULDER ..... Complete, 2 views - R □ L ☒ 73030

SI JOINTS ..... Complete, 2 views ..... □ 72200

SINUSES ..... Limited 2 or less ..... □ 70210
Complete 3+ views ..... □ 70220

SKULL ..... Limited 3 views or less ..... □ 70250
Complete 4 views ..... □ 70260

STERNUM ..... Complete 2 views ..... □ 71120

THORACIC ..... 2 views ..... ☒ 72072

THORACOLUMBAR. 2 views ..... □ 72080

TIBIA/FIBULA (LOWER LEG)
Complete 2 views - R □ L □ 73590

TMJ ..... Bilateral open/closed ..... □ 70330

TOE #__ ..... Complete min. 2 views R □ L □ 73660

WRIST ..... Complete 3 views - R □ L □ 73110

INFANT X-RAY

EXTREMITY Lower. 2 views ..... □ 73592

EXTREMITY Upper. 2 views ..... □ 73092

PELVIS & HIPS .. min. 2 views ..... □ 73540

WRIST ..... Limited 2 views - R □ L □ 73100

OTHER _____

REQUESTING PHYSICIAN:

NAME Scarborough MD NPI# _____ FAX RESULTS TO (___) _____

INDICATE REASON FOR STUDY R/O Fx / pneumonia / pain SIGNATURE _____

FOR OFFICE USE ONLY:

TECHNICIAN _____ TECHNIQUE _____ # OF VIEWS _____

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

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

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or

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, _____ (Print patient's name), ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS (Print hospital or health care provider name), ("Assignee") 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 _____ (Print accident date), not withstanding any other agreement 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 _____ (Print name of Patient)

X _____ (Signature of Patient)

_____

X _____ (Date of signature)

_____ (Address of Patient)

DYNAMIC MOBILE XRAY SERVICES (Print name of Provider)

_____ (Signature of Provider)

3412 BLUESTONE LANE

9/22/25 (Date of signature)

EAST STROUDSBURG PA 18301 (Address of Provider)

NYS FORM NF-AOB (Rev 1/2004)

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: 09/22/25

Consent To X-Ray:

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

X Signed: _____ Date: 09/22/25

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: 09/22/25

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

PATIENT NAME: ASLAMAZISHIVILLI MOGELI
DATE OF BIRTH: 08/25/1981
ID/MRN: 20250922161340389
CLINICIAN: SCARBOROUGH, PAUL
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 09/22/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.512-PAIN IN LEFT SHOULDER, M25.522-PAIN IN LEFT ELBOW, M25.561-PAIN IN RIGHT KNEE

SPINE THORACIC X-RAY 2 view:

THORACIC SPINE:
Thoracic spine two view: No fracture is identified. Alignment is normal. The vertebral bodies are intact and the disc spaces are preserved. No incidental findings.

IMPRESSION:

Negative study.

LEFT SHOULDER X-Ray Complete 2 or more views:

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

IMPRESSION:

Negative Study.

LEFT ELBOW X-Ray - 2 view:

LEFT ELBOW:
Left elbow two view: No fracture is identified. The joint spaces are intact. Alignment is normal. No evidence of effusion.

IMPRESSION:

Negative study.

RIGHT KNEE X-Ray - 1-2 view:

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

pathology.

IMPRESSION:

Negative study.

Electronically Signed By: Dr. Joseph Dixon M.D. 09/23/2025 15:11:30 EDT

Tech: Dynamic Mobile Xray Services LLC

SDY TECHNOLOGIES V3
www.sdyusa.com | info@sdyusa.com

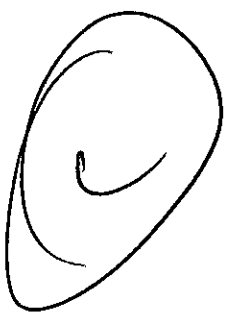
PATIENT DEMOGRAPHIC FORM 09/22/2025

ZAKIROV, AZIZBEK

DOB: 08/02/1984
Sex: Male
DOA: 07/17/2025
Case type: No Fault
Address: 2250 EAST 4TH STREET, APT 5T, Brooklyn, NY, 112

Cell Phone: 929-422-0309
Home phone:
Social Security Number:

Primary Insurance: PROGRESSIVE SPECIALTY INSURANCE
Address: P.O. Box 6807, Cleveland, OH, 44101
Claim Number: 25232010502
Policy Number: 997215101-0
Policy Holder: ZAKIROV, AZIZBEK
Phone Number:
Fax:
Carrier Case:
WCB Case:



Secondary Insurance:
Address:
Claim Number:
Policy Number:
Policy Holder:
Phone Number:
Fax:

BI Attorney: THE SANDERS LAW FIRM
Address: 1938 Coney Island Avenue, Suite #201, Brooklyn, NY, 11230
Phone number: 718-874-8869
WC Attorney:
Address:
Phone number:

Referring Doctor:

Referring Office: 2422 Knapp St Chiropractic PC

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: ZAKIROV AZIZBEK
DATE OF BIRTH: 08/02/1984
ID/MRN: 20250922124614310
CLINICIAN: SCARBOROUGH, PAUL
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 09/22/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.512-PAIN IN LEFT SHOULDER, M25.562-PAIN IN LEFT KNEE

SPINE THORACIC X-RAY 2 view:

DORSAL SPINE: The dorsal vertebrae are in normal alignment. There is no evidence for bony erosion or destruction. There is no evidence for fracture or dislocation.

IMPRESSION:

Negative dorsal spine.

LEFT SHOULDER X-Ray Complete 2 or more views:

LEFT SHOULDER: The bones and joints of the left shoulder appear normal. There is no evidence of fracture, dislocation or separation. There are no soft tissue calcifications

IMPRESSION:

Negative left shoulder.

LEFT KNEE X-Ray - 1-2 view:

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

IMPRESSION:

No significant abnormalities noted

Electronically Signed By: Steven Brownstein MD 09/22/2025 14:21:38 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 I, ZAHROV AZIBEK, ("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 ZAHROV AZIBEK
(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)

X ZAHROV AZIBEK
(Signature of Patient)

X 9/22/25
(Date of signature)

(Signature of Provider)

9/22/25
(Date of signature)

NYS FORM NF-AOB (Rev 1/2004)

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: ZAKIRY RIBER Date: 9/22/23

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: _____

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: _____

DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 9/28/25

YOUR INFORMATION:

NAME Zaitsev Azibek D.O.B. 08/07/84 SS# - ■MALE □FEMALE

ADDRESS CITY STATE ZIP PHONE ( ) -

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

PRIMARY INSURANCE NAME INSURANCE ID #

SECONDARY INSURANCE NAME INSURANCE ID #

PROCEDURE: (Circle what is needed)

ABDOMEN ..... KUB 1 view ..... ☐ 74000
Complete 2 views ..... ☐ 74020
Acute w/chest 3 views ..... ☐ 74022

AC JOINTS W/ & W/O WEIGHTS
2 views ..... ☐ 73050

ANKLE ..... Limited 2 views - R ☐ L ☐ 73600
Complete 3 views ..... ☐ 73610

BONE AGE ..... 1 view ..... ☐ 77072

BONE SURVEY .. Complete ..... ☐ 77075

CERVICAL ..... Limited 2 or 3 views ..... ☐ 72040
Complete w/min. 4 views ..... ☐ 72050
Complete w/flex & ext. 7 views ☐ 72052

CHEST ..... Limited 1 view ..... ☐ 71045
Complete 2 views ..... ☐ 71046
Complete w/lordotic 3 views . ☐ 71047
Complete 4 views ..... ☐ 71048
Special views Decubitus ..... ☐ 71035

CLAVICLE ..... Complete 2 views - R ☐ L ☐ 73000

ELBOW ..... Complete 3 views - R ☐ L ☐ 73080

FACIAL BONES .. Complete 3 or more views ..... ☐ 70150

FEMUR ..... Complete 2 views - R ☐ L ☐ 73550

FINGER(S) #__ . Complete min. 2 views R ☐ L ☐ 73140

FOOT ..... Weight bearing 2 views R ☐ L ☐ 73620
Complete 3 views - R ☐ L ☐ 73630

FOREARM ..... Complete 2 views - R ☐ L ☐ 73090

HAND ..... Complete 3 views - R ☐ ☐ 73130

HEEL ..... Complete 2 views - R ☐ ☐ 73650

HIP ..... Complete 2 views - R ☐ ☐ 73510
Bilateral 2 views (each hip) - R ☐ L ☐ 73520

HUMERUS ..... Complete 2 views - R ☐ L ☐ 73060

KNEE ..... Limited 1 or 2 views R ☐ L ☒ 73560
Complete 3 views - R ☐ L ☐ 73562
Complete 4 views - R ☐ L ☐ 73564
Both knees, AP standing - R ☐ L ☐ 73565

LUMBAR ..... Limited 2 or 3 views ..... ☐ 72100
Complete 4 views w/obl ..... ☐ 72110
Complete w/bending 7 views. ☐ 72114
Limited w/bending 4 views ... ☐ 72120

MANDIBLE ..... Limited 3 views - R ☐ L ☐ 70100
Complete 4 views ..... ☐ 70110

MASTOIDS ..... Complete min. 3 views ..... ☐ 70130

NASAL BONES .. Comp. min. 3 views ..... ☐ 70160

NECK ..... Soft tissue 2 views ..... ☐ 70360

ORBITS ..... Complete 4 views ..... ☐ 70200
MRI screening ..... ☐ 70030

PELVIS ..... Complete 1 or 2 views ..... ☐ 72170

RIBS ..... Unilateral 2 views ..... ☐ 71100
3 views includes PA chest (trauma) ☐ 71101
Bilateral, 3 views ..... ☐ 71110
4 views includes PA chest ..... ☐ 71111

SACRUM & COCCYX. Min. 3 views ..... ☐ 72220

SCAPULA ..... 2 views - ..... R ☐ L ☐ 73010

SC JOINTS ..... 3 views ..... ☐ 71130

SHOULDER .... Complete, 2 views - R ☐ L ☒ 73030

SI JOINTS ..... Complete, 2 views ..... ☐ 72200

SINUSES ..... Limited 2 or less ..... ☐ 70210
Complete 3+ views ..... ☐ 70220

SKULL ..... Limited 3 views or less ..... ☐ 70250
Complete 4 views ..... ☐ 70260

STERNUM ..... Complete 2 views ..... ☐ 71120

THORACIC ..... 2 views ..... ☒ 72072

THORACOLUMBAR. 2 views ..... ☐ 72080

TIBIA/FIBULA (LOWER LEG)
Complete 2 views - R ☐ L ☐ 73590

TMJ ..... Bilateral open/closed ..... ☐ 70330

TOE #__ ..... Complete min. 2 views R ☐ L ☐ 73660

WRIST ..... Complete 3 views - R ☐ L ☐ 73110

INFANT X-RAY

EXTREMITY Lower. 2 views ..... ☐ 73592

EXTREMITY Upper. 2 views ..... ☐ 73092

PELVIS & HIPS .. min. 2 views ..... ☐ 73540

WRIST ..... Limited 2 views - R ☐ L ☐ 73100

OTHER _____

REQUESTING PHYSICIAN:

NAME Scarlett NPI# FAX RESULTS TO ( )

INDICATE REASON FOR STUDY Pain / Fall SIGNATURE

FOR OFFICE USE ONLY:

TECHNICIAN TECHNIQUE # OF VIEWS

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

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

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or

SDY TECHNOLOGIES V3
www.sdyusa.com | info@sdyusa.com

PATIENT DEMOGRAPHIC FORM 09/22/2025

BISSETTE, SIMA

DOB: 04/25/1995
Sex: Female
DOA: 08/10/2025
Case type: No Fault
Address: 2074 20TH LN AP.4C, Brooklyn, NY, 11214

Cell Phone: 917-834-8756
Home phone:
Social Security Number:

Primary Insurance: STATE FARM INS
Address: PO BOX 106170, Atlanta, GA, 30348
Claim Number: 3288V677S
Policy Number: 2800954-E22-32B
Policy Holder: BISSETTE, SIMA
Phone Number:
Fax:
Carrier Case:
WCB Case:

Secondary Insurance:
Address:
Claim Number:
Policy Number:
Policy Holder:
Phone Number:
Fax:

BI Attorney: Lozner & Mastropietro Law Office
Address: 1901 Emmons Ave, Suite #206, Brooklyn, NY, 11235
Phone number: 718-615-0044
WC Attorney:
Address:
Phone number:

Referring Doctor:

Referring Office: 2422 Knapp St Chiropractic PC

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

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

Claim Number: _____

I, Sima Bissette ("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.

Sima Bissette
(Print name of Patient)

S Bissette
(Signature of Patient)

09/22/2025
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

9/22/25
(Date of signature)

3412 BLUESTONE LANE

EAST STROUDSBURG PA 18301
(Address of Provider)

NYS FORM NF-AOB (Rev 1/2004)

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: S. Bisette Date: 09/22/2025

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: S. Bisette Date: 09/22/2025

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: S. Bisette Date: 09/22/2025

DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 9/22/25

YOUR INFORMATION:

NAME Bissette Sing D.O.B. 4/25/95 SS# _____ ■MALE □FEMALE

ADDRESS _____ CITY _____ STATE ____ ZIP _____ PHONE (____) ____-____

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

PRIMARY INSURANCE NAME _____ INSURANCE ID # _____

SECONDARY INSURANCE NAME _____ INSURANCE ID # _____

PROCEDURE: (Circle what is needed)

ABDOMEN ..... KUB 1 view ..... □ 74000
Complete 2 views ..... □ 74020
Acute w/chest 3 views ..... □ 74022

AC JOINTS W/ & W/O WEIGHTS
2 views ..... □ 73050

ANKLE ..... Limited 2 views - R □ L □ 73600
Complete 3 views ..... □ 73610

BONE AGE ..... 1 view ..... □ 77072

BONE SURVEY .. Complete ..... □ 77075

CERVICAL ..... Limited 2 or 3 views ..... □ 72040
Complete w/min. 4 views ..... □ 72050
Complete w/flex & ext. 7 views □ 72052

CHEST ..... Limited 1 view ..... □ 71045
Complete 2 views ..... □ 71046
Complete w/lordotic 3 views . □ 71047
Complete 4 views ..... □ 71048
Special views Decubitus ..... □ 71035

CLAVICLE ..... Complete 2 views - R □ L □ 73000

ELBOW ..... Complete 3 views - R □ L □ 73080

FACIAL BONES .. Complete 3 or more views ..... □ 70150

FEMUR ..... Complete 2 views - R □ L □ 73550

FINGER(S) #__ . Complete min. 2 views R □ L □ 73140

FOOT ..... Weight bearing 2 views R □ L □ 73620
Complete 3 views - R □ L □ 73630

FOREARM ..... Complete 2 views - R □ L □ 73090

HAND ..... Complete 3 views - R □ ..... □ 73130

HEEL ..... Complete 2 views - R □ ..... □ 73650

HIP ..... Complete 2 views - R □ ..... □ 73510
Bilateral 2 views (each hip) - R □ L □ 73520

HUMERUS ..... Complete 2 views - R □ L □ 73060

KNEE ..... Limited 1 or 2 views R □ L ☒ 73560
Complete 3 views - R □ L □ 73562
Complete 4 views - R □ L □ 73564
Both knees, AP standing - R □ L □ 73565

LUMBAR ..... Limited 2 or 3 views ..... □ 72100
Complete 4 views w/obl ..... □ 72110
Complete w/bending 7 views. □ 72114
Limited w/bending 4 views ... □ 72120

MANDIBLE ..... Limited 3 views - R □ L □ 70100
Complete 4 views ..... □ 70110

MASTOIDS ..... Complete min. 3 views ..... □ 70130

NASAL BONES .. Comp. min. 3 views ..... □ 70160

NECK ..... Soft tissue 2 views ..... □ 70360

ORBITS ..... Complete 4 views ..... □ 70200
MRI screening ..... □ 70030

PELVIS ..... Complete 1 or 2 views ..... □ 72170

RIBS ..... Unilateral 2 views ..... □ 71100
3 views includes PA chest (trauma) □ 71101
Bilateral, 3 views ..... □ 71110
4 views includes PA chest ..... □ 71111

SACRUM & COCCYX. Min. 3 views ..... □ 72220

SCAPULA ..... 2 views - ..... R □ L □ 73010

SC JOINTS ..... 3 views ..... □ 71130

SHOULDER ..... Complete, 2 views - R □ L ☒ 73030

SI JOINTS ..... Complete, 2 views ..... □ 72200

SINUSES ..... Limited 2 or less ..... □ 70210
Complete 3+ views ..... □ 70220

SKULL ..... Limited 3 views or less ..... □ 70250
Complete 4 views ..... □ 70260

STERNUM ..... Complete 2 views ..... □ 71120

THORACIC ..... 2 views ..... ☒ 72072

THORACOLUMBAR. 2 views ..... □ 72080

TIBIA/FIBULA (LOWER LEG)
Complete 2 views - R □ L □ 73590

TMJ ..... Bilateral open/closed ..... □ 70330

TOE #__ ..... Complete min. 2 views R □ L □ 73660

WRIST ..... Complete 3 views - R □ L □ 73110

INFANT X-RAY

EXTREMITY Lower. 2 views ..... □ 73592

EXTREMITY Upper. 2 views ..... □ 73092

PELVIS & HIPS .. min. 2 views ..... □ 73540

WRIST ..... Limited 2 views - R □ L □ 73100

OTHER _____

REQUESTING PHYSICIAN:

NAME Scott Bowyer NPI# _____ FAX RESULTS TO _____

INDICATE REASON FOR STUDY R/O fx/pathology/pain SIGNATURE _____

FOR OFFICE USE ONLY:

TECHNICIAN _____ TECHNIQUE _____ # OF VIEWS ____

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

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

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/o

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

PATIENT NAME: BISSTETE SIMA
DATE OF BIRTH: 04/25/1995
ID/MRN: 20250922163448888
CLINICIAN: SCARBOROUGH, PAUL
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 09/22/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.512-PAIN IN LEFT SHOULDER, M25.562-PAIN IN LEFT KNEE

SPINE THORACIC X-RAY 2 view:

Comparison: None
FINDINGS:
Multiple views of the thoracic spine demonstrate minimal scoliosis.
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 KNEE X-Ray - 1-2 view:

Comparison: None
FINDINGS:

Multiple views of the left knee show normal alignment without acute fractures or dislocations.
The medial and lateral tibiofemoral compartments and patellofemoral compartment are unremarkable.
There are no joint bodies.
There is no knee region soft tissue swelling.
There is no joint effusion.
There are no radiopaque foreign bodies.
If there is further concern, recommend follow-up radiographs or MRI for complete assessment.

IMPRESSION:

No acute fracture or dislocation of the left knee.

Electronically Signed By: Dr. Lan Vu M.D. 09/23/2025 16:26:05 EDT

Tech: Dynamic Mobile Xray Services LLC

ID: EC30408545-20250923153415-68d3044728980