Extremity
XRAY

10/22/25
OSH

SIGN IN SHEET

[redacted]
2354 Westchester Ave
The Bronx, NY 10462
Phone: (718) 684-4535
Fax: (718) 684-4536

PLEASE PRINT YOUR NAME **DATE:** 10/22/25

1	Brito-Mercado Marlin	26	
2	Raghubar Tanjhung	27	
3	Ephcham ronald	28	
4	Jesus bodas galvis	29	
5	Long Jason	30	
6	Swan tyrone	31	
7	Martinez Abelino	32	
8	William Ameem	33	
9	Gordon Devon	34	
10	Henderick Marquy	35	
11	Moussa Ahaton	36	
12	Montero Julissa	37	
13	Soto gil Jaden	38	
14	Glenard Isaiah	39	
15	Howie David	40	
16		41	
17		42	
18		43	
19		44	
20		45	
21		46	
22		47	
23		48	
24		49	
25		50	

SDY TECHNOLOGIES V3

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PATIENT DEMOGRAPHIC FORM 10/22/2025

HOWIE, DAVID

DOB: 03/19/1989

Sex: Male

DOA: 04/06/2025

Case type: No Fault

Address: 3525 HULL AVENUE APT 4G, Bronx, NY, 10467

Cell Phone: 347-573-5092

Home phone:

Social Security Number:

Primary Insurance: NEW YORK CITY TRANSIT AUTHORITY

Address: PO BOX 2969, PO BOX 2969, Syracuse, NY, 13220

Claim Number: BU202504060005-002

Policy Number:

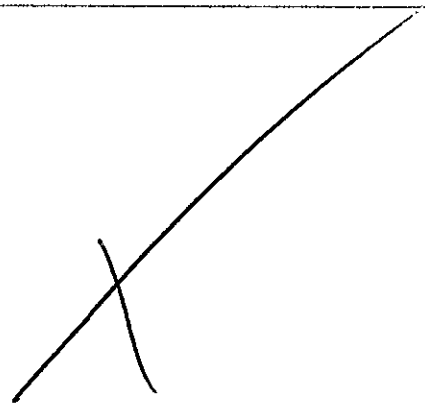
Policy Holder:

Phone Number:

Fax:

Carrier Case:

WCB Case:



Secondary Insurance:

Address:

Claim Number:

Policy Number:

Policy Holder:

Phone Number:

Fax:

BI Attorney: JONATHAN D'AGOSTINO & ASSOCIATES P.C.

Address: 275 MADISON AVE 35TH FL, New York, NY, 10016

Phone number: 718-967-1600

WC Attorney:

Address:

Phone number:

Referring Doctor:

Referring Office: 2354 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, _____ (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.

David M. Howie
(Print name of Patient)

David M. Howie
(Signature of Patient)

10/22/25
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

3412 BLUESTONE LANE

10/22/25
(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.

Signed: David M. Howe Date: 10/22/25

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.

Signed: _____ Date: _____

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: _____

DYNAMIC MOBILE XRAY SERVICES LLC

3412 BLUESTONE LANE
E STROUDSBURG, PA 18301
(570) 431-9721 / (570) 209-5771 FAX
dynamicmobilexrays@gmail.com

Radiology Interpretation

PATIENT NAME: HOWIE DAVID
DATE OF BIRTH: 03/19/1989
ID/MRN: 20251022182639878
CLINICIAN: SCARBOROUGH, PAUL. DR
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/22/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE

SPINE THORACIC X-RAY 2 view:

Indication: Pain in thoracic spine.
Technique: Two views thoracic spine
Comparison: None
Findings: The lateral view is degraded by motion artifacts. The thoracic curvature and segmental alignment are normal. Vertebral body height is maintained. There is no compression deformity or demonstrated intraosseous lesions. There is no abnormal listhesis to indicate instability.
There is preservation of the disc space, vertebral body height and alignment.
The posterior elements appear in anatomic alignment.
The paraspinal soft tissues are unremarkable.
The visualized lung fields are clear. The heart size is within normal limits. No pleural effusions are demonstrated.

IMPRESSION:

Limited study.
No significant abnormality identified in the thoracic spine.

Electronically Signed By: Dr. Ceceleta Maitland M.D. 10/23/2025 13:58:57 EDT

Tech: Dynamic Mobile Xray Services LLC

DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 10/22/25

YOUR INFORMATION:

NAME Howie David D.O.B. 3/19/89 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 PA1 Scarborough DS NPI# _____ FAX RESULTS TO (___) _____

INDICATE REASON FOR STUDY R/O fx / pathology 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

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PATIENT DEMOGRAPHIC FORM 10/22/2025

GLEMAUD, ISAIAH

DOB: 07/16/1996

Sex: Male

DOA: 09/14/2025

Case type: No Fault

Address: 488 MADISON AVE 20TH FLOOR, New York, NY, 10

Cell Phone: 646-240-7138

Home phone:

Social Security Number: 055-86-9326

Primary Insurance: Rental Claim Services (Enterprise)

Address: 201 Dolson Avenue, Suite A, Middletown, NY, 10940

Claim Number: 23054300

Policy Number:

Policy Holder: GLEMAUD, ISAIAH

Phone Number:

Fax:

Carrier Case:

WCB Case:

Secondary Insurance:

Address:

Claim Number:

Policy Number:

Policy Holder:

Phone Number:

Fax:

BI Attorney: ALEXANDER BESPECHNY

Address: 2360 WESTCHESTER AVENUE, Bronx, NY, 10462

Phone number: 718-792-4800

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: _____

I, Isaiah Glemaud (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 9/14/25 (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.

Isaiah Glemaud
(Print name of Patient)

(Signature of Patient)

10/22/25
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

3412 BLUESTONE LANE

10/22/25
(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.

Signed: _____ Date: 10/22/25

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.

Signed: _____ Date: _____

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: _____

DYNAMIC MOBILE XRAY SERVICES LLC

3412 BLUESTONE LANE
E STROUDSBURG, PA 18301
(570) 431-9721 / (570) 209-5771 FAX
dynamicmobilexrays@gmail.com

Radiology Interpretation

PATIENT NAME: GLEMAUD ISAIAH
DATE OF BIRTH: 07/16/1996
ID/MRN: 20251022175938047
CLINICIAN: SCARBOROUGH, PAUL. DR
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/22/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.511-PAIN IN RIGHT SHOULDER, M25.561-PAIN IN RIGHT KNEE, M25.562-PAIN IN LEFT KNEE

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.

RIGHT SHOULDER X-Ray Complete 2 or more views:

Comparison: None
FINDINGS:
Multiple views of the right shoulder show normal alignment at the gleno-humeral joint.
There are no acute fractures or dislocations.
The acromioclavicular joint and coracoclavicular spaces are intact.
The visualized scapula and clavicle are unremarkable.
There are no radiopaque foreign bodies.
No soft tissue swelling is seen.
If there is further concern, follow-up radiographs or MRI of the shoulder may be performed for complete assessment.

IMPRESSION:

No acute fracture or dislocation of right shoulder.

LEFT KNEE X-Ray - 1-2 view:

Comparison: None
FINDINGS:
Multiple views of the left knee show normal alignment without acute fractures or dislocations.
The medial and lateral tibiofemoral compartments and patellofemoral compartment are unremarkable.
There are no joint bodies.
There is no knee region soft tissue swelling.
There is no joint effusion.

There are no radiopaque foreign bodies.
If there is further concern, recommend follow-up radiographs or MRI for complete assessment.

IMPRESSION:

No acute fracture or dislocation of the left knee.

RIGHT KNEE X-Ray - 1-2 view:

Comparison: None
FINDINGS:
Multiple views of the right knee show normal alignment without acute fractures or dislocations.
The medial and lateral tibiofemoral compartments and patellofemoral compartment are unremarkable.
There are no joint bodies.
There is no knee region soft tissue swelling.
There is no joint effusion.
There are no radiopaque foreign bodies.
If there is further concern, recommend follow-up radiographs or MRI for complete assessment.

IMPRESSION:

No acute fracture or dislocation of the right knee.

Electronically Signed By: Dr. Lan Vu M.D. 10/23/2025 9:54:00 EDT

Tech: Dynamic Mobile Xray Services LLC

DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 10/22/25

YOUR INFORMATION:

NAME Glenaud ISAIAH D.O.B. 07/1696 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 Yael Scarborough DC NPI# _____ FAX RESULTS TO (___) _____

INDICATE REASON FOR STUDY R/O FX/ pathology 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 10/22/2025

SOTO GIL, JAVIER

DOB: 06/17/1994

Sex: Male

DOA: 09/09/2025

Case type: No Fault

Address: 1240 MORRISON AVE, Bronx, NY, 10472

Cell Phone: 347-297-9120

Home phone:

Social Security Number:

Primary Insurance: BRISTOL WEST INSURNCE COMPANY

Address: PO BOX 258807, Oklahoma City, OK, 73125

Claim Number: 7009392707

Policy Number:

Policy Holder: SOTO GIL, JAVIER

Phone Number:

Fax:

Carrier Case:

WCB Case:

Secondary Insurance:

Address:

Claim Number:

Policy Number:

Policy Holder:

Phone Number:

Fax:

BI Attorney: ALEXANDER BESPECHNY

Address: 2360 WESTCHESTER AVENUE, Bronx, NY, 10462

Phone number: 718-792-4800

WC Attorney:

Address:

Phone number:

Referring Doctor:

Referring Office: 2354 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, _____ (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.

Laurie A. Soto Cyd
(Print name of Patient)

Laurie Soto
(Signature of Patient)

10/22/25
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

3412 BLUESTONE LANE

10/22/25
(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.

Signed: Jaffrie Soto Date: 10/22/25

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.

Signed: _____ Date: _____

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: _____

DYNAMIC MOBILE XRAY SERVICES LLC

3412 BLUESTONE LANE
E STROUDSBURG, PA 18301
(570) 431-9721 / (570) 209-5771 FAX
dynamicmobilexrays@gmail.com

Radiology Interpretation

PATIENT NAME: SOTO JAVIER
DATE OF BIRTH: 10/22/2025
ID/MRN: 20251022174235970
CLINICIAN: SCARBOROUGH, PAUL. DR
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/22/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.511-PAIN IN RIGHT SHOULDER, M79.641-PAIN IN RIGHT HAND

SPINE THORACIC X-RAY 2 view:

Comparison: None
FINDINGS:
Multiple views of the thoracic spine demonstrate normal alignment.
There are no acute fractures or subluxations of the thoracic spine.
The vertebral body heights and disc spaces are grossly preserved.
The soft tissues are unremarkable.
If there is further concern or neurological abnormalities on clinical exam, recommend further radiographic views, MRI or CT of the thoracic spine for complete assessment.

IMPRESSION:

No acute fracture or subluxation of the thoracic spine.

RIGHT SHOULDER X-Ray Complete 2 or more views:

Comparison: None
FINDINGS:
Multiple views of the right shoulder show normal alignment at the gleno-humeral joint.
There are no acute fractures or dislocations.
The acromioclavicular joint and coracoclavicular spaces are intact.
The visualized scapula and clavicle are unremarkable.
There are no radiopaque foreign bodies.
No soft tissue swelling is seen.
If there is further concern, follow-up radiographs or MRI of the shoulder may be performed for complete assessment.

IMPRESSION:

No acute fracture or dislocation of right shoulder.

RIGHT HAND X-Ray - 3 view:

Comparison: None
FINDINGS:
Multiple views of the right hand show hardware affixing the fourth and fifth metacarpal. No acute fracture or dislocation is seen.
The digit and thumb interphalangeal joints are unremarkable.
The metacarpophalangeal joints are unremarkable.
The carpometacarpal joint regions are unremarkable.
There is no soft tissue swelling.
No radiopaque foreign bodies are seen.

The visualized incompletely evaluated wrist region is grossly unremarkable.
If there is further concern, recommend follow-up radiographs for complete assessment.

IMPRESSION:

No acute fracture or dislocation of the right hand.

Electronically Signed By: Dr. Lan Vu M.D. 10/23/2025 9:54:48 EDT

Tech: Dynamic Mobile Xray Services LLC

DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 10/27/25

YOUR INFORMATION:

NAME Soto Sil Javier D.O.B. 6/17/94 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 Karl Scarborough PC NPI# _____ FAX RESULTS TO (___) _____

INDICATE REASON FOR STUDY R/O fx/pain/injury 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 10/22/2025

MONTERO, JULISSA

DOB: 08/19/1991

Sex: Female

DOA: 06/25/2025

Case type: No Fault

Address: 2604 UNVERSITY AVE APT 1B, Bronx, NY, 10468

Cell Phone: 631-338-6914

Home phone:

Social Security Number: 126-78-4794

Primary Insurance: GEICO

Address: P.O. BOX 9507, Fredericksburg, VA, 22403

Claim Number: 8803893140000001

Policy Number: 6152738578

Policy Holder: MONTERO, JULISSA

Phone Number:

Fax:

Carrier Case:

WCB Case:

Secondary Insurance:

Address:

Claim Number:

Policy Number:

Policy Holder:

Phone Number:

Fax:

BI Attorney: ALEXANDER BESPECHNY

Address: 2360 WESTCHESTER AVENUE, Bronx, NY, 10462

Phone number: 718-792-4800

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: _____

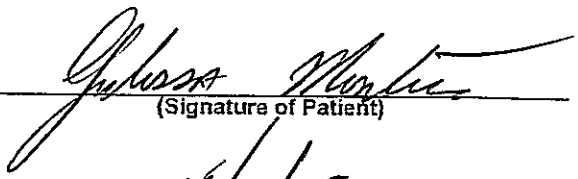
I, _____ (Print patient's name), ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS (Print hospital or health care provider name), ("Assignee") all rights privileges and remedies to payment for health care services provided by assignee to which I am entitled under Article 51 (the No-Fault statute)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

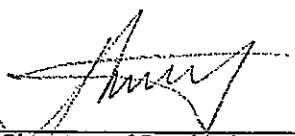
Julissa Montero
(Print name of Patient)


(Signature of Patient)

10/22/25
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)


(Signature of Provider)

10/22/25
(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.

Signed: Melissa Martin Date: 10/22/25

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.

Signed: _____ Date: _____

Females: Regarding Possibility of Pregnancy

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

Signed: Melissa Martin Date: 10/22/25

DYNAMIC MOBILE XRAY SERVICES LLC

3412 BLUESTONE LANE
E STROUDSBURG, PA 18301
(570) 431-9721 / (570) 209-5771 FAX
dynamicmobilexrays@gmail.com

Radiology Interpretation

PATIENT NAME: MONTERO JULISSA
DATE OF BIRTH: 08/19/1991
ID/MRN: 20251022171434457
CLINICIAN: SCARBOROUGH, PAUL. DR
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/22/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.511-PAIN IN RIGHT SHOULDER

SPINE THORACIC X-RAY 2 view:

Scoliosis noted. Convexity towards the right. Vertebral bodies appear of normal height. Disc spaces well-maintained. Neural foramina appear patent. No paraspinal soft tissue mass noted.

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.

Electronically Signed By: Steven Brownstein MD 10/22/2025 22:10:54 EDT

Tech: Dynamic Mobile Xray Services LLC

DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 10/22/25

YOUR INFORMATION:

NAME Montero Jullss D.O.B. 8/19/91 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 Avi Scharborough DC NPI# FAX RESULTS TO ( )

INDICATE REASON FOR STUDY R/O fx/ pathology 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 10/22/2025

BRITO MERCADO, MALVIN

DOB: 08/01/2007

Sex: Male

DOA: 06/07/2025

Case type: No Fault

Address: 30 E CLARKE PL 3A, Bronx, NY, 10452

Cell Phone: 407-533-2693

Home phone:

Social Security Number:

Primary Insurance: PROGRESSIVE INS

Address: 725 BROADWAY, Albany, NY, 12207

Claim Number: 25-8867721

Policy Number: 976446071

Policy Holder: MENDEZ, KELVIN

Phone Number:

Fax:

Carrier Case:

WCB Case:

T- shoulder
left elbow
left wrist

Secondary Insurance: MVAIC

Address: 100 WILLIAMS STR 14 FL, New York City, NY, 10038

Claim Number: 751146

Policy Number:

Policy Holder: BRITO MERCADO, MALVIN

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: 2354 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, Malvin Omar Br. to M ("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.

Malvin
(Print name of Patient)

(Signature of Patient)

10/22/25
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

3412 BLUESTONE LANE

10/22/25
(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.

Signed: _____ Date: 10/22/25

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.

Signed: _____ Date: _____

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: _____

DYNAMIC MOBILE XRAY SERVICES LLC

3412 BLUESTONE LANE
E STROUDSBURG, PA 18301
(570) 431-9721 / (570) 209-5771 FAX
dynamicmobilexrays@gmail.com

Radiology Interpretation

PATIENT NAME: BRITO-MERCADO MALVIN
DATE OF BIRTH: 08/01/2007
ID/MRN: 20251022161242427
CLINICIAN: SCARBOROUGH, PAUL. DR
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/22/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.512-PAIN IN LEFT SHOULDER, M25.522-PAIN IN LEFT ELBOW, M25.532-PAIN IN LEFT WRIST

SPINE THORACIC X-RAY 2 view:

Indication: Pain in thoracic spine.
Technique: Two views thoracic spine
Comparison: None
Findings: There is preservation of the vertebral body heights, alignment, and disc spaces. There is some straightening of the normal thoracic kyphosis.
The bone density is within normal limits.
The visualized lung fields are clear. The heart size is within normal limits.

IMPRESSION:

Negative radiograph thoracic spine.

LEFT SHOULDER X-Ray Complete 2 or more views:

Indication: Pain in left shoulder
Technique: 2 views shoulder joint
Comparison: None
Findings: The gleno-humeral joint is in normal anatomic alignment.
Joint space is preserved. No acute bony or joint space abnormality. No erosive or productive arthropathy.
The AC joint is in normal alignment. The acromion is normal. The sub-acromial space is normal.
No lytic or blastic lesions in the visualized proximal left humerus and upper left ribcage.
Periarticular soft tissues are normal.

IMPRESSION:

Negative radiographs left shoulder joint

LEFT Elbow 2 Views:

Indication: Left Elbow pain
Technique: 2 views— left elbow joint
Comparison: None
Findings:
The elbow joint and the proximal radioulnar joint is in anatomic alignment. Joint space is preserved. There is no acute bony or joint space abnormality. There is no erosive or productive arthropathy. No abnormal spurring or erosions of the lateral and medial epicondyle to suggest epicondylitis
The anterior and the posterior fat pads are nondisplaced. No obvious fluid in the retrocalcaneal bursa or the joint space.
Periarticular soft tissues are normal.

DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 10/22/25

YOUR INFORMATION:

NAME Brito Mercado Matuin D.O.B. 08/01/07 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 Paul Scanbrook P.C NPI# ____ FAX RESULTS TO ( ) ____

INDICATE REASON FOR STUDY R/O Fx/pathology 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 10/22/2025

RAGHUBAR, KRISHNA

DOB: 09/02/1985

Sex: Male

DOA: 07/12/2025

Case type: No Fault

Address: 3 THE CIR, New Rochelle, NY, 10801

Cell Phone: 914-661-2611

Home phone:

Social Security Number:

Primary Insurance: STATE FARM INS

Address: PO BOX 106170, Atlanta, GA, 30348

Claim Number: 32-87Q343S

Policy Number: 360909732A

Policy Holder: RAGHUBAR, KRISHNA

Phone Number:

Fax:

Carrier Case:

WCB Case:

T Howard

L/R Sholden

Secondary Insurance:

Address:

Claim Number:

Policy Number:

Policy Holder:

Phone Number:

Fax:

BI Attorney: THE CHERNYY LAW OFFICE

Address: 171 Westwood Ave fl.1, Staten Island, NY, 10314

Phone number: 718-494-7100

WC Attorney:

Address:

Phone number:

Referring Doctor:

Referring Office: 2354 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, _____ (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.

Krishna Raghuba
(Print name of Patient)

(Signature of Patient)

10/22/25
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

10/22/25
(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.

Signed: _____ Date: 10/22/23

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.

Signed: _____ Date: _____

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: _____

DYNAMIC MOBILE XRAY SERVICES LLC

3412 BLUESTONE LANE
E STROUDSBURG, PA 18301.
(570) 431-9721 / (570) 209-5771 FAX
dynamicmobilexrays@gmail.com

Radiology Interpretation

PATIENT NAME: RAGHUBAR KRISHNA
DATE OF BIRTH: 09/02/1985
ID/MRN: 20251022155055190
CLINICIAN: SCARBOROUGH, PAUL. DR
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/22/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.512-PAIN IN LEFT SHOULDER

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.

Electronically Signed By: Steven Brownstein MD 10/22/2025 17:06:41 EDT

Tech: Dynamic Mobile Xray Services LLC

IMPRESSION:

Negative radiographs— left elbow joint

LEFT WRIST X-Ray Complete 3 view:

Indication:
Technique: 3 views ... Left wrist
Comparison: None
Findings: The distal radioulnar joint, the radiocarpal joint, intercarpal joints and carpometacarpal joints are in anatomic alignment. Joint spaces are preserved. There is no displaced fracture or subluxation there is no erosive or productive arthropathy or intraosseous lesions. The periarticular soft tissues are normal.

IMPRESSION:

Negative radiographs wrist joint

Electronically Signed By: Dr. Ceceleta Maitland M.D. 10/22/2025 21:04:07 EDT

Tech: Dynamic Mobile Xray Services LLC

DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 10/22/21

YOUR INFORMATION:

NAME Raghubar Kushwaha D.O.B. 09/02/45 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 Paul Scarborough DO NPI# ____ FAX RESULTS TO ( ) ____

INDICATE REASON FOR STUDY R/O fx/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

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www.sdyusa.com | info@sdyusa.com

PATIENT DEMOGRAPHIC FORM 10/22/2025

ESPICHAN., RONALD.

DOB: 01/02/1995

Sex: Male

DOA: 09/22/2025

Case type: No Fault

Address: 66 CHATTERSON AVE, White Plains, NY, 10606

Cell Phone: 914-491-0001

Home phone:

Social Security Number:

Primary Insurance: MAYA ASSURANCE COMPANY

Address: 24-29 JACKSON AVENUE SUITE 200, Long Island City, NY, 11101

Claim Number: 2-253632-U01

Policy Number: 2-MA008771

Policy Holder: ESPICHAN., RONALD.

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: 2354 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: _____

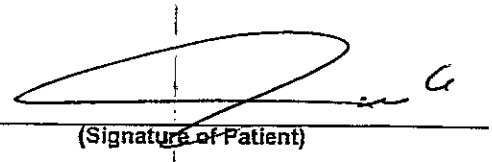
I, _____ (Print patient's name), ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS (Print hospital or health care provider name), ("Assignee") all rights privileges and remedies to payment for health care services provided by assignee to which I am entitled under Article 51 (the No-Fault statute)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

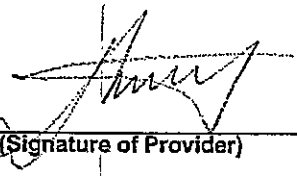
Ronald Espidhon
(Print name of Patient)


(Signature of Patient)

66 charleston ave
White Plains NY 10606
(Address of Patient)

10/22/25
(Date of signature)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)


(Signature of Provider)

3412 BLUESTONE LANE

(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.

Signed: _____ Date: 10/22/25

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.

Signed: _____ Date: _____

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: _____

DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 10/22/25

YOUR INFORMATION:

NAME Epischan Ronald D.O.B. 01/02/95 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 Paul Scarborough DC NPI# _____ FAX RESULTS TO (___) _____

INDICATE REASON FOR STUDY R/O fx/pathology 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

DYNAMIC MOBILE XRAY SERVICES LLC

3412 BLUESTONE LANE
E STROUDSBURG, PA 18301
(570) 431-9721 / (570) 209-5771 FAX
dynamicmobilexrays@gmail.com

Radiology Interpretation

PATIENT NAME: EPISCHAN RONALD
DATE OF BIRTH: 01/02/1995
ID/MRN: 20251022140349949
CLINICIAN: SCARBOROUGH, PAUL. DR
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/22/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE

SPINE THORACIC X-RAY 2 view:

Scoliosis noted. No fracture noted. No paraspinal soft tissue mass noted. Neural foramina appear patent.

IMPRESSION:

Scoliosis noted

Electronically Signed By: Steven Brownstein MD 10/22/2025 16:02:00 EDT

Tech: Dynamic Mobile Xray Services LLC

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

PATIENT DEMOGRAPHIC FORM 10/22/2025

BODAS-GALINDO, JESUS

DOB: 10/28/1993
Sex: Male
DOA: 09/30/2025
Case type: No Fault
Address: 132 W 45TH STREET APT 28, New York, NY, 10036

Cell Phone: 929-569-9659
Home phone:
Social Security Number: 398-37-8229

Primary Insurance: CORVEL ENTERPRISE CLAIMS
Address: P.O.BOX 4400, Lisle, IL, 60532
Claim Number: 1276-GL-26-0304-86-50-01
Policy Number: BAP2347204
Policy Holder: BODAS-GALINDO, JESUS
Phone Number: 630-874-7696
Fax:
Carrier Case:
WCB Case:

C
T
L-Shoulder

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:

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

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

Claim Number: _____

I, Jesus Bodas, ("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.

Jesus Bodas
(Print name of Patient)

Jesus Bodas
(Signature of Patient)

10/22/2025
(Date of signature)

132 W 45TH New York
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

3412 BLUESTONE LANE

10/22/25
(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.

Signed: Jesus Bodas Date: 10/22/2025

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.

Signed: _____ Date: _____

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: _____

DYNAMIC MOBILE XRAY SERVICES LLC

3412 BLUESTONE LANE
E STROUDSBURG, PA 18301
(570) 431-9721 / (570) 209-5771 FAX
dynamicmobilexrays@gmail.com

Radiology Interpretation

PATIENT NAME: JESUS BODAS-GALINO
DATE OF BIRTH: 10/28/1993
ID/MRN: 20251022135607173
CLINICIAN: SCARBOROUGH, PAUL. DR
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/22/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.512-PAIN IN LEFT 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.

LEFT SHOULDER X-Ray Complete 2 or more views:

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

IMPRESSION:

Negative Study.

Electronically Signed By: Dr. Joseph Dixon M.D. 10/22/2025 14:59:57 EDT

Tech: Dynamic Mobile Xray Services LLC

DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 10 / 22 / 25

YOUR INFORMATION:

NAME Jesus Bada galvan D.O.B. 10/28/93 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:

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

INDICATE REASON FOR STUDY R/O pathology / 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

Ex 4.

SDY TECHNOLOGIES V3

www.sdyusa.com | info@sdyusa.com

PATIENT DEMOGRAPHIC FORM 10/22/2025

WILLIAMS, AKEEM

DOB: 08/20/1999

Sex: Male

DOA: 07/01/2025

Case type: No Fault

Address: 647 FAILE STREET APT 3D, Bronx, NY, 10474

Cell Phone: 332-733-8005

Home phone:

Social Security Number:

Primary Insurance: BRISTOL WEST INSURNCE COMPANY

Address: PO BOX 258807, Oklahoma City, OK, 73125

Claim Number: 7009245661-1-1

Policy Number: G015764842

Policy Holder: WILLIAMS, CECIL

Phone Number: 407-562-2584

Fax:

Carrier Case:

WCB Case:

Secondary Insurance:

Address:

Claim Number:

Policy Number:

Policy Holder:

Phone Number:

Fax:

BI Attorney: STRATFORD LAW GROUP

Address: 69 STRATFORD ROAD FLOOR 2ND FLOOR, Brooklyn, NY, 11218

Phone number: 718-450-3909

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: _____

I, Akeem Williams, ("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 07/01/2025, 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.

Akeem Williams
(Print name of Patient)

A' Williams
(Signature of Patient)

647 Fall
(Address of Patient)

10/22/25
(Date of signature)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

3412 BLUESTONE LANE

10/22/25
(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.

Signed: A. Williams Date: 22/10/2025

Consent To X-Ray:

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

Signed: _____ Date: _____

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: _____

DYNAMIC MOBILE XRAY SERVICES LLC

3412 BLUESTONE LANE
E STROUDSBURG, PA 18301
(570) 431-9721 / (570) 209-5771 FAX
dynamicmobilexrays@gmail.com

Radiology Interpretation

PATIENT NAME: WILLIAMS AKEEM
DATE OF BIRTH: 08/20/1999
ID/MRN: 20251022123650570
CLINICIAN: SCARBOROUGH, PAUL. DR
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/22/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.512-PAIN IN LEFT 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.

LEFT SHOULDER X-Ray Complete 2 or more views:

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

IMPRESSION:

Negative Study.

Electronically Signed By: Dr. Joseph Dixon M.D. 10/22/2025 14:26:45 EDT

Tech: Dynamic Mobile Xray Services LLC

DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 10/22/25

YOUR INFORMATION:

NAME William Aheem D.O.B. 8/20/99 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 Pat Scarborough NPI# ____ FAX RESULTS TO ( ) ____

INDICATE REASON FOR STUDY R/O pathway/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

Eok.

SDY TECHNOLOGIES V3

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PATIENT DEMOGRAPHIC FORM 10/22/2025

LONG, JAVON

DOB: 07/02/1980

Sex: Male

DOA: 05/07/2025

Case type: No Fault

Address: 2418 GLEBE AVE, Bronx, NY, 10461

Cell Phone: 929-642-7923

Home phone:

Social Security Number:

Primary Insurance: LIBERTY MUTUAL INS

Address: PO BOX 515097, Los Angeles, CA, 90051

Claim Number: 059324944

Policy Number:

Policy Holder: CURRY, AMANDA

Phone Number:

Fax:

Carrier Case:

WCB Case:

T
R Wra
R E (Bow

Secondary Insurance:

Address:

Claim Number:

Policy Number:

Policy Holder:

Phone Number:

Fax:

BI Attorney: ALEXANDER BESPECHNY

Address: 2360 WESTCHESTER AVENUE, Bronx, NY, 10462

Phone number: 718-792-4800

WC Attorney:

Address:

Phone number:

Referring Doctor:

Referring Office: 2354 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, JAvon Long (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.

JAvon Long
(Print name of Patient)

2418 Glebe Ave

Bronx NY 10461
(Address of Patient)

(Signature of Patient)

10/22/25
(Date of signature)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

3412 BLUESTONE LANE

EAST STROUDSBURG PA 18301
(Address of Provider)

(Signature of Provider)

10/22/25
(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.

Signed: _____ Date: 10/22/25

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.

Signed: _____ Date: 10/22/25

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.

Signed: _____ Date: _____

DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 10/22/25

YOUR INFORMATION:

NAME Long Jaylon D.O.B. 7/2/80 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 Pat Scarbrough DC NPI#_____ FAX RESULTS TO (____) _____

INDICATE REASON FOR STUDY R/O fx / pathology SIGNATURE [signature]

FOR OFFICE USE ONLY:

TECHNICIAN_____ TECHNIQUE_____ # OF VIEWS_____

X-RAY SENT TO RADIOLOGIST_____ DATE X-RAY SENT___/___/___ PATIENT ID #_____ # OF CD_____

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

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

DYNAMIC MOBILE XRAY SERVICES LLC

3412 BLUESTONE LANE
E STROUDSBURG, PA 18301
(570) 431-9721 / (570) 209-5771 FAX
dynamicmobilexrays@gmail.com

Radiology Interpretation

PATIENT NAME: LONG JAVON
DATE OF BIRTH: 07/02/1980
ID/MRN: 20251022130024146
CLINICIAN: SCARBOROUGH, PAUL. DR
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/22/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.521-PAIN IN RIGHT ELBOW, M25.561-PAIN IN RIGHT KNEE

SPINE THORACIC X-RAY 2 view:

Mild scoliosis convexity towards the left noted. Vertebral bodies appear of normal height. No paraspinal soft tissue mass noted. Neural foramina appear patent.

IMPRESSION:

Mild scoliosis noted.

RIGHT ELBOW X-Ray - 2 view:

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

IMPRESSION:

No significant abnormalities noted.

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 10/22/2025 15:25:13 EDT

Tech: Dynamic Mobile Xray Services LLC

Ext.

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

PATIENT DEMOGRAPHIC FORM 10/22/2025

MARTINEZ, ABELINA

DOB: 05/09/1984
Sex: Female
DOA: 06/14/2025
Case type: No Fault
Address: 303 SAINT ANNS AVE APT6, Bronx, NY, 10454

Cell Phone: 646-571-6025
Home phone:
Social Security Number:

Primary Insurance: GEICO
Address: P.O. BOX 9507, Fredericksburg, VA, 22403
Claim Number: 0662614100000001
Policy Number: 4596025934
Policy Holder: SILVA-TORRES, HARLEN
Phone Number:
Fax:
Carrier Case:
WCB Case:

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

BI Attorney: STRATFORD LAW GROUP
Address: 69 STRATFORD ROAD FLOOR 2ND FLOOR, Brooklyn, NY, 11218
Phone number: 718-450-3909
WC Attorney:
Address:
Phone number:

Referring Doctor:

Referring Office: 2354 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, Abelina Martinez, ("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.

Abelina Martinez
(Print name of Patient)

Abelina Martinez
(Signature of Patient)

10/22/25
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

10/22/25
(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.

Signed: Abelina Martinez Date: 10/22/25

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.

Signed: _____ Date: _____

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: _____

DYNAMIC MOBILE XRAY SERVICES LLC

3412 BLUESTONE LANE
E STROUDSBURG, PA 18301
(570) 431-9721 / (570) 209-5771 FAX
dynamicmobilexrays@gmail.com

Radiology Interpretation

PATIENT NAME: MARTINEZ ABELINA
DATE OF BIRTH: 05/09/1984
ID/MRN: 20251022125036615
CLINICIAN: SCARBOROUGH, PAUL. DR
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/22/2025
HISTORY: M25.511-PAIN IN RIGHT SHOULDER, M25.512-PAIN IN LEFT SHOULDER

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.

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.

Electronically Signed By: Steven Brownstein MD 10/22/2025 15:26:07 EDT

Tech: Dynamic Mobile Xray Services LLC

DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 10/22/25

YOUR INFORMATION:

NAME Martinez Adeling D.O.B. 5/9/84 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 ..... 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 Fast Scarsborough NP NPI# _____ FAX RESULTS TO (___) _____

INDICATE REASON FOR STUDY R/O Fx/pathology 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 10/22/2025

MOUSSA, AHOTON

DOB: 12/03/1992

Sex: Male

DOA: 09/26/2025

Case type: No Fault

Address: 1827 BOGART AVENUE, Bronx, NY, 10462

Cell Phone: 631-568-6167

Home phone:

Social Security Number:

Primary Insurance: AMERICAN TRANSIT INS

Address: 1 METROTECH CENTER, Brooklyn, NY, 11201

Claim Number:

Policy Number: FPT002884

Policy Holder: MOUSSA, AHOTON

Phone Number:

Fax:

Carrier Case:

WCB Case:

Secondary Insurance:

Address:

Claim Number:

Policy Number:

Policy Holder:

Phone Number:

Fax:

BI Attorney: ALEXANDER BESPECHNY

Address: 2360 WESTCHESTER AVENUE, Bronx, NY, 10462

Phone number: 718-792-4800

WC Attorney:

Address:

Phone number:

Referring Doctor:

Referring Office: 2354 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: _____

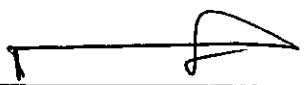
I, _____ (Print patient's name), ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS (Print hospital or health care provider name), ("Assignee") all rights privileges and remedies to payment for health care services provided by assignee to which I am entitled under Article 51 (the No-Fault statute)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

AHOTON MOSSA
(Print name of Patient)

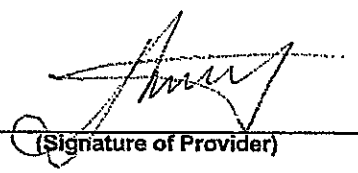

(Signature of Patient)

1827 BOGART AVENUE

BRONX NEW YORK 10462
(Address of Patient)

10/22/25
(Date of signature)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)


(Signature of Provider)

3412 BLUESTONE LANE

(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.

Signed: ANTONY MOSSA Date: 10/22/25

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.

Signed: _____ Date: _____

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: _____

DYNAMIC MOBILE XRAY SERVICES LLC

3412 BLUESTONE LANE
E STROUDSBURG, PA 18301
(570) 431-9721 / (570) 209-5771 FAX
dynamicmobilexrays@gmail.com

Radiology Interpretation

PATIENT NAME: MOUSSA AHOTON
DATE OF BIRTH: 12/03/1992
ID/MRN: 20251022120559582
CLINICIAN: SCARBOROUGH, PAUL. DR
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/22/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.561-PAIN IN RIGHT KNEE, M25.562-PAIN IN LEFT KNEE

SPINE THORACIC X-RAY 2 view:

Mild scoliosis convexity towards the left noted. Vertebral bodies Appear of normal height. No paraspinal soft tissue mass noted. Neural foramina appear patent.

IMPRESSION:

Mild scoliosis noted.

LEFT KNEE X-Ray - 1-2 view:

Mild arthritic changes noted. No fracture subluxation noted.

IMPRESSION:

Mild arthritic changes noted. No abnormal masses or calcifications noted.

RIGHT KNEE X-Ray - 1-2 view:

Mild arthritic changes noted. No fracture subluxation noted.

IMPRESSION:

Mild arthritic changes noted. No abnormal masses or calcifications noted.

Electronically Signed By: Steven Brownstein MD 10/22/2025 15:28:48 EDT

Tech: Dynamic Mobile Xray Services LLC

DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 10/22/25

YOUR INFORMATION:

NAME Mousa Ahdon D.O.B. 12/03/92 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 Paul Scarborough DC NPI# ____ FAX RESULTS TO (____) ____

INDICATE REASON FOR STUDY R/O fx/ pathology 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 10/22/2025

SWAN., TYRONE.

DOB: 03/13/1986

Sex: Male

DOA: 09/30/2025

Case type: No Fault

Address: 1800 STORY AVE, Bronx, NY, 10473

Cell Phone: 718-673-5027

Home phone:

Social Security Number:

Primary Insurance: GEICO

Address: P.O. BOX 9507, Fredericksburg, VA, 22403

Claim Number: 8826645240000001

Policy Number:

Policy Holder: SWAN., TYRONE.

Phone Number:

Fax:

Carrier Case:

WCB Case:

C/T RT Hand

Secondary Insurance:

Address:

Claim Number:

Policy Number:

Policy Holder:

Phone Number:

Fax:

BI Attorney: ALEXANDER BESPECHNY

Address: 2360 WESTCHESTER AVENUE, Bronx, NY, 10462

Phone number: 718-792-4800

WC Attorney:

Address:

Phone number:

Referring Doctor:

Referring Office: 2354 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, _____ (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.

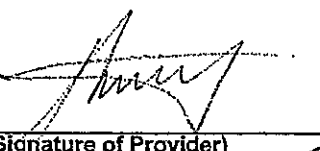
Tyrone Swan
(Print name of Patient)


(Signature of Patient)

1800 Sta-1 Ave
(Address of Patient)

10/22/25
(Date of signature)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)


(Signature of Provider)

3412 BLUESTONE LANE

10/22/25
(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.

Signed: _____ Date: 10/22/25

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.

Signed: _____ Date: _____

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: _____

DYNAMIC MOBILE XRAY SERVICES LLC

3412 BLUESTONE LANE
E STROUDSBURG, PA 18301
(570) 431-9721 / (570) 209-5771 FAX
dynamicmobilexrays@gmail.com

Radiology Interpretation

PATIENT NAME: SWAN TYRONE
DATE OF BIRTH: 03/13/1986
ID/MRN: 20251022125427962
CLINICIAN: SCARBOROUGH, PAUL. DR
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/22/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M79.641-PAIN IN RIGHT HAND

SPINE THORACIC X-RAY 2 view:

Mild scoliosis of the dorsal spine noted. No fracture noted. No paraspinal soft tissue mass noted. Neural foramina appear patent.

IMPRESSION:

Scoliosis noted

RIGHT HAND X-Ray - 3 view:

No fracture noted. No abnormal masses or calcifications noted.

IMPRESSION:

No significant abnormalities noted

Electronically Signed By: Steven Brownstein MD 10/22/2025 16:00:54 EDT

Tech: Dynamic Mobile Xray Services LLC

DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 10/22/25

YOUR INFORMATION:

NAME Swan Tyrone D.O.B. 3/13/86 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 ..... 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 Mark Scarborough PA NPI# ____ FAX RESULTS TO ( ) ____

INDICATE REASON FOR STUDY R/O fx / pathology 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

Ext.

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

PATIENT DEMOGRAPHIC FORM 10/22/2025

GORDON, DEVON

DOB: 03/04/1996
Sex: Male
DOA: 07/01/2025
Case type: No Fault
Address: 647 FAILE STREET APT 3D, Bronx, NY, 10474

Cell Phone: 845-906-2507
Home phone:
Social Security Number:

Primary Insurance: BRISTOL WEST INSURNCE COMPANY
Address: PO BOX 258807, Oklahoma City, OK, 73125
Claim Number: 7009245661-1-1
Policy Number: G015764842
Policy Holder: WILLIAMS, CECIL
Phone Number: 407-562-2584
Fax:
Carrier Case:
WCB Case:

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

BI Attorney: STRATFORD LAW GROUP
Address: 69 STRATFORD ROAD FLOOR 2ND FLOOR, Brooklyn, NY, 11218
Phone number: 718-450-3909
WC Attorney:
Address:
Phone number:

Referring Doctor:

Referring Office: 2354 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, Raven Gordon (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 11/25 (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.

Raven Gordon
(Print name of Patient)

R Gordon
(Signature of Patient)

10/22/25
(Date of signature)

647 Faile Street bronx NY 10474
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

10/22/25
(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.

Signed: R Gordon Date: 6/22/25

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.

Signed: _____ Date: _____

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: _____

DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 10/22/25

YOUR INFORMATION:

NAME Gordon Denon D.O.B. 3/4/96 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 Paul S Carbonaro MD NPI# ____ FAX RESULTS TO ( ) ____

INDICATE REASON FOR STUDY R/O fx/pathology 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.

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DYNAMIC MOBILE XRAY SERVICES LLC

3412 BLUESTONE LANE
E STROUDSBURG, PA 18301
(570) 431-9721 / (570) 209-5771 FAX
dynamicmobilexrays@gmail.com

Radiology Interpretation

PATIENT NAME: GORDON DEVON
DATE OF BIRTH: 03/04/1996
ID/MRN: 20251022123304773
CLINICIAN: SCARBOROUGH, PAUL. DR
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/22/2025
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. 10/22/2025 14:25:58 EDT

Tech: Dynamic Mobile Xray Services LLC

Ex 1.

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

PATIENT DEMOGRAPHIC FORM 10/22/2025

HENDRICKS, MARQUIS

DOB: 06/09/1995
Sex: Male
DOA: 06/06/2025
Case type: No Fault
Address: 825 MORRISON AVENUE APT 1K, Bronx, NY, 10473

Cell Phone: 646-399-1000
Home phone:
Social Security Number: 086-84-5691

Primary Insurance: GEICO
Address: P.O. BOX 9507, Fredericksburg, VA, 22403
Claim Number: 0618925580101021
Policy Number: 4526-63-27-75
Policy Holder: HENDRICKS, MARQUIS
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:

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

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

Claim Number: _____

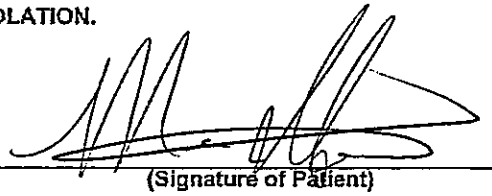
I, _____ (Print patient's name), ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS (Print hospital or health care provider name), ("Assignee") all rights privileges and remedies to payment for health care services provided by assignee to which I am entitled under Article 51 (the No-Fault statute)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

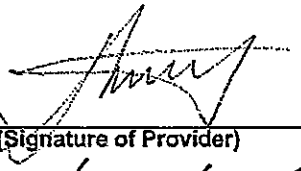
Marquis Hendricks
(Print name of Patient)


(Signature of Patient)

10/22/25
(Date of signature)

_____
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)


(Signature of Provider)

3412 BLUESTONE LANE

10/22/25
(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.

Signed: _____ Date: 10/22/25

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.

Signed: _____ Date: _____

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: _____

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dynamicmobilexrays@gmail.com

Radiology Interpretation

PATIENT NAME: HENDRICKS MARQUIS
DATE OF BIRTH: 06/09/1995
ID/MRN: 20251022122547325
CLINICIAN: SCARBOROUGH, PAUL. DR
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/22/2025
HISTORY: M79.671-PAIN IN RIGHT FOOT

RIGHT FOOT X-Ray Complete 3 view:

RIGHT FOOT: There are no signs of fracture or dislocation. There are no signs of joint abnormality or specific bony abnormality.

IMPRESSION:

Negative right foot.

Electronically Signed By: Steven Brownstein MD 10/22/2025 15:27:35 EDT

Tech: Dynamic Mobile Xray Services LLC

DYNAMIC
MOBILE XRAY SERVICES LLC

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

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

MOBILE PORTABLE X-RAY ORDER FORM

DATE 10/22/25

YOUR INFORMATION:

NAME Hendricks Marquis D.O.B. 6/9/95 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 ..... 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 Paul Scarborough DC NPI# ____ FAX RESULTS TO ( ) ____

INDICATE REASON FOR STUDY R/O Pathology + Fx SIGNATURE [signature]

FOR OFFICE USE ONLY:

TECHNICIAN ____ TECHNIQUE ____ # OF VIEWS ____

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