EXTREMITY MRI

16 PTS

10/29/2025

DAILY SIGN IN

1955 Southern Blvd

DATE: 10/29/2025

PLEASE PRINT NAME

	PATIENT NAME	PATIENT NAME
1*	1. Alexander Bermudez	21.
2	2. Christopher Nreucau	22.
3*	3. dualis castillo	23.
4	4. Wilson Santana Lizardo	24.
	5. ~~Chadwick Chidobe~~	25.
5	6. Yvonne Dennis	26.
6	7. Tysean eason	27.
7	8. Johnathan Wallace	28.
8	9. Shayaya Rowe	29.
9	10. destiny Squires	30.
10	11. Mamadou Diallo	31.
11	12. Aungkugh Enoch	32.
12	13. Oscar gomez	33.
13	14. Nasha Jackson	34.
14	15. mark Sutter	35.
15	16. M.D Miyanhar Rahman	36.
16	17. Jamarez O'Dalls	37.
	18.	38.
	19.	39.
	20.	40.

(01197)-TAMAREZ ODALIS M

Date of Birth - 05/09/1974 Sex - Female Marital Status - Single

Address: 1185 LEBANON ST,The Bronx,NY,10460
Phone #: (929) 414-5224

Social Security# - 119-66-2333

Employer or Company Name:
Address:
Emergency Name:
Work Phone #:

Date of Accident - 10/23/2025
Time/Place Accident -
Date of Visit -
Condition Related to : Auto Accident

Insurance Company : Country-Wide Insurance Co.
Address: 40 Wall Street 14th Floor
New York,NY,10005
Phone: 212-344-8700 Fax: 2126350587

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

Attorney - PINKHASLAW INJURY ATTORNEY Firm Name - PINKHASLAW
Attorney Address - 185-22 UNION TPKE SUITE 202 FRESH MEADOWS,NY,11366
Attorney Phone - 212-884-0393 Fax - 212-898-1119
Contact Person -

Other Insurance -
Medicare -

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

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

Claim Number: _____

I, Odalis Tamarez, ("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.

Odalis Tamarez
(Print name of Patient)

Odalis Tamarez
(Signature of Patient)

1185 Lebanon St
Apt 1L Bronx N.Y 10460
(Address of Patient)

10/29/2025
(Date of signature)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

3412 BLUESTONE LANE

10/29/2025
(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

Patient 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: Odalis Tavarez Date: 10/29/2025

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: 10/29/2025

Females: Regarding Possibility of Pregnancy

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

Signed: Odalis Tavarez Date: 10/29/2025

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: TAMAREZ ODALIS
DATE OF BIRTH: 05/09/1974
ID/MRN: 20251029113343119
CLINICIAN: ZAKARIA, MOHAMMED
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/29/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.511-PAIN IN RIGHT SHOULDER, M25.512-PAIN IN LEFT SHOULDER

SIGNIFICANT FINDINGS

SPINE THORACIC X-RAY 2 view:

Comparison: None.
Findings:
There is a normal kyphosis. There is mild dextroscoliosis of the thoracolumbar spine.
The vertebral bodies are normal in size and shape. The pedicles appear to be intact. The transverse and spinous processes are intact.
The intervertebral disc spaces are within normal limits. There is no evidence of spondylolisthesis. There is no definitive plain film finding of demineralization.
No soft tissue masses are seen.

IMPRESSION:

Mild dextroscoliosis of the thoracic lumbar spine.

LEFT SHOULDER X-Ray Complete 2 or more views:

Comparison: None
Findings:
Normal gleno-humeral articulation without an articular or osseous abnormality. There is no demonstrated subluxation or dislocation.
Normal visualized humeral head.
Normal acromion without evidence of fracture or osseous abnormality.
Normal visualized scapula without a demonstrated fracture or osseous destructive process.
Normal acromioclavicular articulation, without articular or osseous abnormality. There is no widening of the coracoclavicular distance.
Normal visualized clavicle, without fracture or osseous abnormality.
There is no definitive plain film finding of demineralization.
There is no soft tissue abnormality.
Normal visualized pulmonary apex.

IMPRESSION:

Normal x-ray examination of the shoulder.

RIGHT SHOULDER X-Ray Complete 2 or more views:

Comparison: None
Findings:
Normal gleno-humeral articulation without an articular or osseous abnormality. There is no demonstrated subluxation or dislocation.

Normal visualized humeral head.
Normal acromion without evidence of fracture or osseous abnormality.
Normal visualized scapula without a demonstrated fracture or osseous destructive process.
Normal acromioclavicular articulation, without articular or osseous abnormality. There is no widening of the coracoclavicular distance.
Normal visualized clavicle, without fracture or osseous abnormality.
There is no definitive plain film finding of demineralization.
There is no soft tissue abnormality.
Normal visualized pulmonary apex.

IMPRESSION:

Normal x-ray examination of the shoulder.

Electronically Signed By: Dr. Roberto Rivera M.D. 11/03/2025 8:36:38 EST

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 10/29/25

YOUR INFORMATION

NAME LAMARQ D DALLS D.O.B. 05/09/74 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/Mark 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 ☐ L ☐ 73130

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

HIP ..... Complete 2 views - R ☐ L ☐ 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 Muhammad Al-Zaghrawi NPI# 1447269572 FAX RESULTS TO

INDICATE REASON FOR STUDY R/O FX / pathology / pain SIGNATURE

FOR OFFICE USE ONLY

TECHNICIAN TECHNIQUE # OF VIEWS

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

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

(01051)-WALLACE JOHNATHAN J

Date of Birth - 05/26/1980 Sex - Male Marital Status - Single

Address: 6 SANDY FIELDS LANE,STONY POINT,NY,10980
Phone #: (929) 756-8269

Social Security# - 123-66-1176

Employer or Company Name:
Address:
Emergency Name:
Work Phone #:

Date of Accident - 07/22/2025
Time/Place Accident -
Date of Visit -
Condition Related to : Auto Accident

Insurance Company : GEICO General Insurance Co.
Address:

Phone: Fax:

Claim# - 8835351150000006
Claim Address - GEICO NY PIP
PO Box 9507
Fredericksburg, VA 22403-9526
NF-2 - Yes Sending Date - 08/21/2025
Policy Effective Date -
Policy# - 6186259138
Policy holder - JOHNATHAN WALLACE
WCB# -
Carrier case # -

Attorney - SULAYMANOV LAW GROUP, PC Firm Name - SULAYMANOV LAW GROUP, PC
Attorney Address -
Attorney Phone - 347-682-4822 Fax - 917-633-5973
Contact Person -

Other Insurance -
Medicare -

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

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

Claim Number: _____

I, Johnathan Wallace, ("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.

Johnathon Wallace
(Print name of Patient)

(Signature of Patient)

10/29/2025
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

10/29/2025
(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: 10/29/2025

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: 10/29/2025

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: 10/29/2025

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: JOHNATHAN WALLACE
DATE OF BIRTH: 05/26/1980
ID/MRN: 20251029150944339
CLINICIAN: ZAKARIA, MOHAMMED
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/29/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.512-PAIN IN LEFT SHOULDER

SPINE THORACIC X-RAY 2 view:

S shaped scoliosis and spondylosis noted. No fracture noted. No paraspinal soft tissue mass noted.

IMPRESSION:

Scoliosis and spondylosis noted

LEFT SHOULDER X-Ray Complete 2 or more views:

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

IMPRESSION:

Negative left shoulder.

Electronically Signed By: Steven Brownstein MD 11/02/2025 22:36:32 EST

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 10/29/25

YOUR INFORMATION

NAME JONATHAN WALLACE D.O.B 05/26/60 SS# ☒MALE ☐FEMALE

ADDRESS CITY STATE ZIP PHONE ( ) -

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

PRIMARY INSURANCE NAME INSURANCE ID #

SECONDARY INSURANCE NAME INSURANCE ID #

PROCEDURE (Check which 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 ☐ L ☐ 73130

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

HIP ..... Complete 2 views - R ☐ L ☐ 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 ☐ 70150
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 Muhammad L. Zaheer NPI# 1447269524 FAX RESULTS TO

INDICATE REASON FOR STUDY R/O Fx / Pathology / pain SIGNATURE

FOR OFFICE USE ONLY

TECHNICIAN TECHNIQUE # OF VIEWS

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

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

(01091)-ROWE SHANAYA M

Date of Birth - 01/15/1997 Sex - Female Marital Status - Single

Address: 269 HOBSON STREET,NEW JERSEY,NY,07112
Phone #: (862) 822-0352

Social Security# - 146-02-9743

Employer or Company Name:
Address:
Emergency Name:
Work Phone #:

Date of Accident - 08/19/2025
Time/Place Accident -
Policy Report - Yes
Date of Visit -
Condition Related to : Auto Accident

Insurance Company : Progressive Insurance Co.
Address:

Phone: Fax:

Claim# - 25503510311
Claim Address - P.O. BOX 22016
ALBANY ,NEW YORK,NY 12201
NF-2 - Yes Sending Date - 09/18/2025
Policy Effective Date -
Policy# - 992228418
Policy holder - TYSEAN EASON
WCB# -
Carrier case # -

Attorney - THE SANDERS LAW FIRM Firm Name - THE SANDERS LAW FIRM
Attorney Address - 1938 CONEY ISLAND AVE, BROOKLYN, NY, 11230, STE #201
Attorney Phone - 718-874-8869 Fax - 718-928-6886
Contact Person -

Other Insurance -
Medicare -

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

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

Claim Number: _____

I, Shaunya Rowe, ("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.

Shaunya Rowe
(Print name of Patient)

Shaunya Rowe
(Signature of Patient)

269 H
(Address of Patient)

10/29/2025
(Date of signature)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

3412 BLUESTONE LANE

10/29/2025
(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: Shonaya Lee Date: 10/29/2025

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: Shonaya Lee Date: 10/29/2025

Females: Regarding Possibility of Pregnancy

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

Signed: Shonaya Lee Date: 10/29/2025

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: SHAYAYA ROWE
DATE OF BIRTH: 01/15/1997
ID/MRN: 20251029143912286
CLINICIAN: ZAKARIA, MOHAMMED
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/29/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.511-PAIN IN RIGHT SHOULDER, M25.512-PAIN IN LEFT SHOULDER

SPINE THORACIC X-RAY 2 view:

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

IMPRESSION:

Tilt of the thoracic column to left noted

LEFT SHOULDER X-Ray Complete 2 or more views:

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

IMPRESSION:

Negative left shoulder.

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 11/02/2025 22:37:11 EST

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 10.19.25

YOUR INFORMATION

NAME SHAYAYA ROWE D.O.B. 01/15/92 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 (Check limbs 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
Allis 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 Muhammad K. Zahravia NPI# 1447269824 FAX RESULTS TO

INDICATE REASON FOR STUDY R/O FX / pathology / pain SIGNATURE

FOR OFFICE USE ONLY

TECHNICIAN TECHNIQUE # OF VIEWS

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

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

(01143)-SQUIRES DESTINY C

Date of Birth - 04/30/1997 Sex - Female Marital Status - Single

Address: 3475 BIVONA ST APT 5J,The Bronx,NY,10475
Phone #: (929) 230-7848

Social Security# -

Employer or Company Name:
Address:
Emergency Name:
Work Phone #:

Date of Accident - 09/15/2025
Time/Place Accident -
Date of Visit -
Condition Related to : Auto Accident

Insurance Company : GEICO General Insurance Co.
Address:

Phone: Fax:

Claim# - 0401949940101091
Claim Address - GEICO NY PIP
PO Box 9506
Fredericksburg, VA 22403-9506
NF-2 - Yes Sending Date - 10/17/2025
Policy Effective Date -
Policy# -
Policy holder - STRAW-SALMON,SHERYL
WCB# -
Carrier case # -

Attorney - Bruce Newborough Firm Name - Bruce Newborough, PC
Attorney Address - 2104 Flatbush Avenue Brooklyn, NY 11234
Attorney Phone - 718-701-8826 Fax - 718-332-7334
Contact Person -

Other Insurance -
Medicare -

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

(FOR ACCIDENTS OCCURRING ON AND AFTER 9/1/02)

Claim Number: _____

I, Destiny Squires, ("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 _____, notwithstanding 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.

Destiny Squires
(Print name of Patient)

D Squires
(Signature of Patient)

10/29/2025
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

3412 BLUESTONE LANE

10/29/2025
(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

Patient 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: D. Squires Date: 10/29/2025

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: 10/29/2025

Females: Regarding Possibility of Pregnancy

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

Signed: D. Squires Date: 10/29/2025

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: DESTINY SQUIRES
DATE OF BIRTH: 04/30/1997
ID/MRN: 20251029141739411
CLINICIAN: ZAKARIA, MOHAMMED
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/29/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.512-PAIN IN LEFT SHOULDER

SPINE THORACIC X-RAY 2 view:

Mild scoliosis thoracic spine noted. No fracture noted. No paraspinal soft tissue mass noted. Neural foramina for patent.

IMPRESSION:

Scoliosis noted

LEFT SHOULDER X-Ray Complete 2 or more views:

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

IMPRESSION:

Negative left shoulder.

Electronically Signed By: Steven Brownstein MD 11/02/2025 22:37:39 EST

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 10/29/25

YOUR INFORMATION:

NAME DESTINY SQUIRES D.O.B. 04/20/97 SS# _____ ☒MALE ☐FEMALE

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

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

PRIMARY INSURANCE NAME _____ INSURANCE ID # _____

SECONDARY INSURANCE NAME _____ INSURANCE ID # _____

PROCEDURES (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 ☐ 70160
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
Mini 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 Muhammad K. Zahoor NPI# 1447268524 FAX RESULTS TO _____

INDICATE REASON FOR STUDY R/O FX / Pathology / pain SIGNATURE _____

FOR OFFICE USE ONLY:

TECHNICIAN _____ TECHNIQUE _____ # OF VIEWS _____

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

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

(01090)-EASON TYSEAN L

Date of Birth - 09/26/1992 Sex - Male Marital Status - Single

Address: 75 BROADWAY APT 1R,JERSEY CITY ,NJ,07306-6300
Phone #: (201) 320-4138

Social Security# -

Employer or Company Name:
Address:
Emergency Name:
Work Phone #:

Date of Accident - 08/19/2025
Time/Place Accident -
Policy Report - Yes
Date of Visit -
Condition Related to : Auto Accident

Insurance Company : Progressive Insurance Co.
Address:

Phone: Fax:

Claim# - 25503510311
Claim Address - P.O. BOX 22016
ALBANY ,NEW YORK,NY 12201
NF-2 - Yes Sending Date - 09/18/2025
Policy Effective Date -
Policy# - 992228418
Policy holder - TYSEAN EASON
WCB# -
Carrier case # -

Attorney - MAKSIM LEYVI ATTORNEY AT LAW Firm Name - MAKSIM LEYVI ATTORNEY AT LAW
Attorney Address - 227 SEA BREEZE AVENUE, SUITE 201 BROOKLYN, NEW YORK 11224
Attorney Phone - 718-676-0900 Fax - 718-676-2299
Contact Person -

Other Insurance -
Medicare -

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

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

Claim Number: _____

I, Tyscan Egson (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.

Tyscan Egson
(Print name of Patient)

Tyscan Egson
(Signature of Patient)

10/29/2025
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

10/29/2025
(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: Tyscan Eason Date: 10/29/2025

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: 10/29/2025

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: 10/29/2025

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: TYSEAN EASON
DATE OF BIRTH: 09/26/1992
ID/MRN: 20251029152822068
CLINICIAN: ZAKARIA, MOHAMMED
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/29/2025
HISTORY: M25.511-PAIN IN RIGHT SHOULDER, M25.512-PAIN IN LEFT SHOULDER, M25.521-PAIN IN RIGHT ELBOW, M25.561-PAIN IN RIGHT KNEE, M25.471-EFFUSION, RIGHT ANKLE

LEFT SHOULDER X-Ray Complete 2 or more views:

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

IMPRESSION:

No acute fracture or dislocation of left shoulder.

RIGHT SHOULDER X-Ray Complete 2 or more views:

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

IMPRESSION:

No acute fracture or dislocation of right shoulder.

RIGHT ELBOW X-Ray - 2 view:

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

IMPRESSION:

No fracture or dislocation of the right elbow.

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.

RIGHT ANKLE X-Ray Complete 3 view:

Comparison: None
FINDINGS:
Multiple views of the right ankle show normal alignment without acute fractures or dislocations.
The tibiotalar joint and talar dome are unremarkable.
The subtalar joint is unremarkable.
There is no ankle joint effusion.
The ankle mortise is normal.
The distal tibia-fibular alignment is unremarkable.
There is no soft tissue swelling.
No radiopaque foreign bodies are seen.
If there is further concern, recommend follow-up radiographs or MRI for complete assessment.

IMPRESSION:

No acute fracture or dislocation of the right ankle.

Electronically Signed By: Dr. Lan Vu M.D. 11/03/2025 8:39:23 EST

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 10.29.25

YOUR INFORMATION

NAME ISSAC GASON D.O.B. 09/26/1955 ☒MALE ☐FEMALE

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

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

PRIMARY INSURANCE NAME _____ INSURANCE ID #_____

SECONDARY INSURANCE NAME _____ INSURANCE ID #_____

PROCEDURE: (Circle all that apply)

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 R ☒ L ☒ 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/standing 4 views ☐ 72120

MANDIBLE ..... Limited 3 views - R ☐ L ☐ 70180
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 Muhammad R. Zaheer NPI# 1447269824 FAX RESULTS TO (___) ___-____

INDICATE REASON FOR STUDY R/o FX / pathology / pain SIGNATURE _____

FOR OFFICE USE ONLY

TECHNICIAN _____ TECHNIQUE _____ # OF VIEWS ____

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

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

(01126)-DENNIS YVONNE N

Date of Birth - 10/17/1977 Sex - Female Marital Status - Single

Address: 855 E 167TH ST 4B,The Bronx,NY,10459
Phone #: (718) 350-1255

Social Security# - 129-60-7242

Employer or Company Name:
Address:
Emergency Name:
Work Phone #:

Date of Accident - 9/6/2025
Time/Place Accident -
Policy Report - Yes
Date of Visit -
Condition Related to : Auto Accident

Insurance Company : State Farm Insurance Company
Address:

Phone: 9733057000 Fax:

Claim# -
Claim Address - P.O. BOX 106170
ATLANTA G.A. 30348-6170
NF-2 - Yes Sending Date - 10/02/2025
Policy Effective Date -
Policy# - 267 2748-E03-32B
Policy holder - YVONNIE DENNIS
WCB# -
Carrier case # -

Attorney - SANDERS LAW Firm Name - SANDERS LAW
Attorney Address - 1019 AVE P SUITE 201 BROOKLYN, NY 11223
Attorney Phone - 718-874-8869 Fax - 718-928-6886
Contact Person -

Other Insurance -
Medicare -

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

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

Claim Number: _____

I, Yvonne Dennis, ("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.

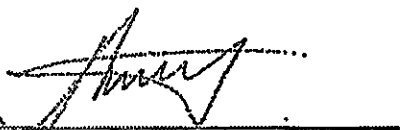
Yvonne Dennis
(Print name of Patient)


(Signature of Patient)

855 E 167 St Bronx NY
10459 Apt 4B
(Address of Patient)

10/29/2025
(Date of signature)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)


(Signature of Provider)

3412 BLUESTONE LANE

10/29/2025
(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: 10/29/2025

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: 10/29/2025

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: 10/29/2025

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: YVONNE DENNIS
DATE OF BIRTH: 10/17/1977
ID/MRN: 20251029153826927
CLINICIAN: ZAKARIA, MOHAMMED
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/29/2025
HISTORY: M25.511-PAIN IN RIGHT SHOULDER, M25.512-PAIN IN LEFT SHOULDER, M25.561-PAIN IN RIGHT KNEE

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.

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 11/02/2025 22:35:52 EST

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 10/29/25

YOUR INFORMATION

NAME VIDNNE DENNIS D.O.B. 10/17/77 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 #

PROCEDURES (Circle/Mark the 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 view ☐ 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 Muhammad K. Zgheib NPI# 1447258984 FAX RESULTS TO

INDICATE REASON FOR STUDY c/o Ex/pain/edema/pain SIGNATURE

FOR OFFICE USE ONLY

TECHNICIAN TECHNIQUE # OF VIEWS

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

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

(01034)-LIZARDO SANTANA WILSON

Date of Birth - 04/03/1991 Sex - Male Marital Status - Single

Address: 3120 WILINSON AVE,The Bronx,NY,10461
Phone #: (347) 348-5270

Social Security# - 096-96-3441

Employer or Company Name:
Address:
Emergency Name:
Work Phone #:

Date of Accident - 07/10/2025
Time/Place Accident -
Policy Report - Yes
Date of Visit -
Condition Related to : Auto Accident

Insurance Company : Integon National Insurance Co.
Address: P.O.Box 22086
Burlington,NJ,27215
Phone: 518--431-6410 Fax:

Claim# - 250801660
Claim Address - 5630 University Parkway
Winston-Salem, NC 27105
NF-2 - Yes Sending Date - 08/08/2025
Policy Effective Date - 05/31/2025
Policy# - INT608TOQ
Policy holder - LIZARDO SANTANA WILSON
WCB# -
Carrier case # -

To Attorney - SANDERS LAW Firm Name - SANDERS LAW
Attorney Address - 1019 AVE P SUITE 201 BROOKLYN, NY 11223
Attorney Phone - 718-874-8869 Fax - 718-928-6886
Contact Person -

Other Insurance -
Medicare -

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

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

Claim Number: _____

I, Lizardo Santana, ("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.

WILSON LIZARDO SANTANA
(Print name of Patient)

Wilson Lizardo
(Signature of Patient)

10/29/2025
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

10/29/2025
(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: Alicon Lizardo Santana Date: 10/29/2025

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: 10/29/2025

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: 10/29/2025

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: SANTANA WILSON LIZARDO
DATE OF BIRTH: 04/03/1991
ID/MRN: 20251029155200678
CLINICIAN: ZAKARIA, MOHAMMED
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/29/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.511-PAIN IN RIGHT 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.

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 11/02/2025 22:35:13 EST

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 10.29.25

YOUR INFORMATION:

NAME SANTANA WILSON JR. LIZARDO D.O.B 08/05/71 SS# ☒MALE ☐FEMALE

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

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

PRIMARY INSURANCE NAME _____ INSURANCE ID # _____

SECONDARY INSURANCE NAME _____ INSURANCE ID # _____

PROCEDURE: (CHECK WHICH APPLIES)

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
Mkl 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 Muhammad K. Zaitoun NPI# 1447726952 FAX RESULTS TO ( ) -

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

FOR OFFICE USE ONLY:

TECHNICIAN _____ TECHNIQUE _____ # OF VIEWS ____

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

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

[illegible]

Date of Birth - 12/8/1983 Sex - Male Marital Status - Single

Address: 2040 BRONXDALE APT 4E,The Bronx,NY,10462
Phone #: (929) 761-0107

Social Security# - 088-74-2247

Employer or Company Name:
Address:
Emergency Name:
Work Phone #:

Date of Accident - 8/3/2025
Time/Place Accident -
Date of Visit -
Condition Related to : Auto Accident

Insurance Company :
Claim# -
Policy Effective Date -
Policy# -
Policy holder -
WCB# -
Carrier case # -

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

Other Insurance -
Medicare -

Oak Street Medical, PC
1755 Southern Blvd, Bronx NY 10460
Ph : (917) 451-1447 Fax: (917) 266-0025

Initial Evaluation / Follow-Up

Patient's Name: Nrecaj, Christhor

Date of Birth: 12/08/1983

Date of Accident: 08/03/2025

Date of Service: 08/05/2025

The patient states that he/she was in a MVA / WC related accident and was a driver / passenger (front/rear)
After the accident he went to _____ hospital / Urgent
Due to the accident the patient is working / not working in regular job.

PRESENT COMPLAINTS:
The patient is a 41 years-old male / female who presented in my office with following complaints:
Neck pain.
Upper / Lower back pain.
Shoulders pain (Right / Left / Both)
Knee pain (Right / Left / Both)
Elbow pain (Right / Left / Both)
Ankle pain (Right / Left / Both)
Any other _____

PREVIOUS HISTORY: There is no significant past medical history of MVA or any major surgery. The patient denies drug addiction and alcoholism.

FAMILY HISTORY:
Family history is non-contributory.

SOCIAL AND PERSONAL HISTORY:
Allergies: No known allergy to any medicine
Head : The facial muscles were intact and there were no masses, tenderness, laceration, or abrasions.
Thorax : No deformities were noted.
Eyes: Pupils were round, regular and equal. They reacted normally to light. Extraocular movements were full in all fields gaze with no nystagmus apparent.

GENERAL EXAMINATION:
Appearance -Good, Patient is cooperative. Height: 6 - 0", Weight: 235 Lbs.,
HEENT: Normal
Abdomen: No complaints of masses, tenderness or rigidity and noted.
Lymph nodes: The cervical, auxiliary, supra clavicular, and inguinal lymph nodes are not enlarged.

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

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

Claim Number: _____

I, Christopher Nreca ("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.

Christopher Nreca
(Print name of Patient)

(Signature of Patient)

10/29/2025
(Date of signature)

2010 Brookdale Ave
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

10/29/2025
(Date of signature)

3412 BLUESTONE LANE

EAST STROUDSBURG PA 18301
(Address of Provider)

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

X-Ray Consent Form

Patient 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: E. Thomas Date: 10/29/2025

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: 10/29/2025

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: 10/29/2025

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: CHRISTOPHER NRECAU
DATE OF BIRTH: 12/08/1983
ID/MRN: 20251029160815080
CLINICIAN: ZAKARIA, MOHAMMED
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/29/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.512-PAIN IN LEFT SHOULDER

SPINE THORACIC X-RAY 2 view:

Osteopenia scoliosis and spondylosis noted. No definite fracture noted. No paraspinal soft tissue mass noted. Neural foramina for patent.

IMPRESSION:

Osteopenia scoliosis and spondylosis noted

LEFT SHOULDER X-Ray Complete 2 or more views:

Degenerative changes at the acromioclavicular joint noted. No fracture subluxation noted. No abnormal masses or calcifications noted.

IMPRESSION:

Degenerative changes noted

Electronically Signed By: Steven Brownstein MD 11/02/2025 22:33:50 EST

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 10/29/25

YOUR INFORMATION

NAME Christopher Nocau D.O.B. 12/08/83 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 (check 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
Mini 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 Muhammad K. Zahreq NPI# 1447269574 FAX RESULTS TO ____

INDICATE REASON FOR STUDY R/o Fx / pathology / pain SIGNATURE ____

FOR OFFICE USE ONLY

TECHNICIAN ____ TECHNIQUE ____ # OF VIEWS ____

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

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

(01187)-BERMUDEZ LIUER ,ALEXANDER Q

Date of Birth - 5/20/1998 Sex - Male Marital Status - Single

Address: 3300 WEBSTER AVE,The Bronx,NY,10467
Phone #: (929) 789-1186

Social Security# - 707-66-7012

Employer or Company Name:
Address:
Emergency Name:
Work Phone #:

Date of Accident - 10/13/2025
Time/Place Accident -
Date of Visit -

Insurance Company : Progressive
Address:

Phone: Fax:

Claim# -
Claim Address - 3 DAKOTA DR
SUITE 200
LAKE SUCCESS, NY 11042
Policy Effective Date -
Policy# -
Policy holder -
WCB# -
Carrier case # -

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

Other Insurance -
Medicare -

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

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

Claim Number: _____

I, Luis Bermudez ("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.

Luis Bermudez
(Print name of Patient)

(Signature of Patient)

10/29/2025
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

3412 BLUESTONE LANE

10/29/2025
(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

Patient 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: 10/29/2025

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: 10/29/2025

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: 10/29/2025

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: ALEXANDER BERMUDEZ
DATE OF BIRTH: 05/20/1998
ID/MRN: 20251029161711584
CLINICIAN: ZAKARIA, MOHAMMED
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/29/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.512-PAIN IN LEFT SHOULDER, M25.511-PAIN IN RIGHT SHOULDER, M25.532-PAIN IN LEFT WRIST

SIGNIFICANT FINDINGS

SPINE THORACIC X-RAY 2 view:

Findings: Evaluation of the thoracic spine was performed.
Mild to moderate diffuse degenerative changes.
No fracture evident.
The soft tissues appear within range of normal.

IMPRESSION:

Degenerative changes.
No evidence of acute fracture

LEFT SHOULDER X-Ray Complete 2 or more views:

Findings: Anterior dislocation of the shoulder. No fracture evident.

IMPRESSION:

Anterior shoulder dislocation

RIGHT SHOULDER X-Ray Complete 2 or more views:

Findings: Mild diffuse degenerative changes.
No evidence of fracture.
No dislocation.
Soft tissues appear unremarkable.

IMPRESSION:

Degenerative changes

LEFT WRIST X-Ray Complete 3 view:

Findings: Mild diffuse degenerative changes.
No evidence of fracture.
No dislocation.
Soft tissues appear unremarkable.

IMPRESSION:

Degenerative changes

Electronically Signed By: Dr. James Collins M.D. 11/02/2025 0:23:02 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 10/29/25

YOUR INFORMATION

NAME ALEXANDER BERMUDEZ D.O.B. 05/25/56 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/check one or more)

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 Muhammad M. Zaheer NPI# 1497765974 FAX RESULTS TO _____

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

FOR OFFICE USE ONLY

TECHNICIAN _____ TECHNIQUE _____ # OF VIEWS _____

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

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

(01179)-CASTILLO DUALIS

Date of Birth - 06/16/1999 Sex - Female Marital Status - Single

Address: 615 FREELAND AVE,PARAMUS,NY,07652
Phone #: (347) 818-7278

Social Security# - 105-88-1597

Employer or Company Name:
Address:
Emergency Name:
Work Phone #:

Date of Accident - 09/26/2025
Time/Place Accident -
Date of Visit -
Condition Related to : Auto Accident

Insurance Company : NATIONWIDE
Address:

Phone: Fax:

Claim# - 748141GQ
NF-2 - Yes
Policy Effective Date - 02/11/2024
Policy# - 6631J03852
Policy holder - MIGUEL DIAZ
WCB# -
Carrier case # -

To Attorney - SANDERS LAW Firm Name - SANDERS LAW
Attorney Address - 1019 AVE P SUITE 201 BROOKLYN, NY 11223
Attorney Phone - 718-874-8869 Fax - 718-928-6886
Contact Person -

Other Insurance -
Medicare -

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

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

Claim Number: _____

I, Dualis Castillo, ("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.

Dualis Castillo
(Print name of Patient)

615 Freeland Ave
Paramus, NJ 07652
(Address of Patient)

(Signature of Patient)

10/29/2025
(Date of signature)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

3412 BLUESTONE LANE

EAST STROUDSBURG PA 18301
(Address of Provider)

(Signature of Provider)

10/29/2025
(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: Owen Carter Date: 10/29/2025

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: 10/29/2025

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: 10/29/2025

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: DUALIS CASTILLO
DATE OF BIRTH: 06/16/1999
ID/MRN: 20251029155935029
CLINICIAN: ZAKARIA, MOHAMMED
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/29/2025
HISTORY: M54.6-PAIN IN THORACIC SPINE, M25.561-PAIN IN RIGHT KNEE, M25.531-PAIN IN RIGHT WRIST

SPINE THORACIC X-RAY 2 view:

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

IMPRESSION:

Scoliosis noted

RIGHT WRIST X-Ray Complete 3 view:

RIGHT WRIST: There is no evidence of bone or joint pathology. There are no signs of fracture or dislocation.

IMPRESSION:

Negative right wrist.

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 11/02/2025 22:34:51 EST

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 10.29.25

YOUR INFORMATION

NAME Duilis CASTILLO D.O.B. 6/16/99 SS# ____ ☒MALE ☐FEMALE

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

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

PRIMARY INSURANCE NAME ____ INSURANCE ID # ____

SECONDARY INSURANCE NAME ____ INSURANCE ID # ____

PROCEDURE (Check what is applicable)

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/fluoroscopic 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
Mill 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 Muhammad R. Zaffar NPI# 1447269824 FAX RESULTS TO ____

INDICATE REASON FOR STUDY R/O Fx / pathology / pain SIGNATURE ____

FOR OFFICE USE ONLY

TECHNICIAN ____ TECHNIQUE ____ # OF VIEWS ____

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

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

(01168)-DIALLO MAMADOU S

Date of Birth - 04/01/1998 Sex - Male Marital Status - Single

Address: 3638 OLINVILLE AVE 1,The Bronx,NY,10467
Phone #: (347) 963-5397

Social Security# - 665-76-6374

Employer or Company Name:
Address:
Emergency Name:
Work Phone #:

Date of Accident - 09/20/2025
Time/Place Accident -
Policy Report - Yes
Date of Visit -
Condition Related to : Auto Accident

Insurance Company : GEICO General Insurance Co.
Address:

Phone: Fax:

Claim# - 8864092420000001
Claim Address - PO Box 9506
Fredericksburg, VA 22403-9506
NF-2 - Yes Sending Date - 10/17/2025
Policy Effective Date -
Policy# - 6216-40-20-47
Policy holder - DIALLO MAMADOU,A
WCB# -
Carrier case # -

Attorney - AHMED LAW FIRM P.C Firm Name - AHMED LAW FIRM,P.C.
Attorney Address - 104-09 113TH STREET S.RICHMOND HILL NY 11419
Attorney Phone - 718-848-9595 Fax - 929-385-7644
Contact Person -

Other Insurance -
Medicare -

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

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

Claim Number: _____

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

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

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

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

Mamadou. S-Diallo
(Print name of Patient)

(Signature of Patient)

10/29/2025
(Date of signature)

3638 Olinville. Ave
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

3412 BLUESTONE LANE

10/29/2025
(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: 10/29/2025

Consent To X-Ray:

A Minor I am a parent or legal guardian of Mamadou-S. Diallo, 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: 10/29/2025

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: 10/29/2025

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: MAMADOU DIALLO
DATE OF BIRTH: 04/01/1988
ID/MRN: 20251029140810652
CLINICIAN: ZAKARIA, MOHAMMED
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/29/2025
HISTORY: M25.512-PAIN IN LEFT SHOULDER, M25.522-PAIN IN LEFT ELBOW, M25.532-PAIN IN LEFT WRIST

LEFT SHOULDER X-Ray Complete 2 or more views:

Comparison: None
Findings:
Normal gleno-humeral articulation without an articular or osseous abnormality. There is no demonstrated subluxation or dislocation.
Normal visualized humeral head.
Normal acromion without evidence of fracture or osseous abnormality.
Normal visualized scapula without a demonstrated fracture or osseous destructive process.
Normal acromioclavicular articulation, without articular or osseous abnormality. There is no widening of the coracoclavicular distance.
Normal visualized clavicle, without fracture or osseous abnormality..
There is no definitive plain film finding of demineralization.
There is no soft tissue abnormality.
Normal visualized pulmonary apex.

IMPRESSION:

Normal x-ray examination of the shoulder.

LEFT ELBOW X-Ray - 2 view:

Comparison: None
Findings:
Normal visualized distal humerus, without demonstrated fracture or osseous abnormality.
Normal radiocapitellar articulation, without articular joint space narrowing or osseous abnormality.
Normal ulnotrochlear articulation, without articular joint space narrowing or osseous abnormality.
There is no elevation of anterior fat pad, and there are no x-ray findings of a joint effusion.
Normal visualized proximal ulna and olecranon process, without evidence of fracture or osseous abnormality.
Normal visualized proximal radius including the radial head and neck, without demonstrated fracture or osseous abnormality.
There is no radiographic evidence of demineralization.
There is no demonstrated soft tissue abnormality.

IMPRESSION:

Normal x-ray examination of the elbow.

LEFT WRIST X-Ray Complete 3 view:

Comparison: None
Findings:
Normal distal radius and ulna, without a demonstrated fracture or osseous abnormality.
Normal distal radioulnar articulation, with a neutral ulnar variance.
Normal radiocarpal articulation.

Normal carpal bones and carpal articulations, without an articular abnormality or demonstrated fracture or osseous abnormality.
Normal carpometacarpal articulation of the thumb.
Normal second through fifth carpometacarpal articulations.
There is no definite plain film finding of demineralization.
There is no demonstrated soft tissue abnormality.

IMPRESSION:

Normal x-ray examination of the wrist.

LEFT ANKLE X-Ray Complete 3 view:

Comparison: None
Findings:
Normal distal tibiofibular syndesmosis without widening of the ankle mortise.
Normal medial and lateral malleoli without a demonstrated malleolar fracture.
Normal tibiotalar, posterior subtalar, talonavicular, calcaneocubold, navicular-cuneiform, intercuneiform and tarsometatarsal articulations.
Normal talus, calcaneus, navicular, cubold and cuneiform tarsal bones without a demonstrated fracture or osseous abnormality.
There is no definitive plain film finding of demineralization of the ankle.
Normal visualized soft tissue structures.

IMPRESSION:

Normal x-ray examination of the ankle.

Electronically Signed By: Dr. Roberto Rivera M.D. 11/03/2025 8:17:17 EST

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 10/29/25

YOUR INFORMATION:

NAME MAMADOU DIALLO D.O.B. 04/01/64 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: (Check what is required)

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
Spot/ol 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 ☐ L ☐ 73130

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

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

HUMERUS ..... Complete 2 views - R ☐ L ☐ 73080

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 ☐ 70160
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
Mini 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 ☐ 73592

PELVIS & HIPS .. min. 2 views ☐ 73540

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

OTHER ____

REQUESTING PHYSICIAN:

NAME Muhammad K. Zaheer NPI# 1447726952 FAX RESULTS TO ____

INDICATE REASON FOR STUDY R/o Ex/pathology/pain SIGNATURE ____

FOR OFFICE USE ONLY:

TECHNICIAN ____ TECHNIQUE ____ # OF VIEWS ____

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

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

(01120)-IRAN MD MIJANUR RAHMAN

Date of Birth - 04/15/1989 Sex - Male Marital Status - Single

Address: 1643 EDISON AVE,The Bronx,NY,10461
Phone #: (929) 216-7430

Social Security# - 052-65-1707

Employer or Company Name:
Address:
Emergency Name:
Work Phone #:

Date of Accident - 09/07/2025
Time/Place Accident -
Date of Visit -
Condition Related to : Auto Accident

Insurance Company : American Transit Insurance Co.
Address: 275 7-Ave 2FL
New York,NY,10001
Phone: 800-683-2842 Fax: 2128578248

Claim# - 1175218-1
Claim Address - 5 Broadway
Freeport, New York 11520
NF-2 - Yes Sending Date - 10/14/2025
Policy Effective Date -
Policy# -
Policy holder -
WCB# -
Carrier case # -

To Attorney - SALAH SHAWA Firm Name - SHAWA LAW P.C.
Attorney Address - 100 GLEN ST. STE N 2414, GLEN COVE,
Attorney Phone - 631 805 3404 Fax - Contact Person -

Other Insurance -
Medicare -

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

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

Claim Number: _____

I, RAJ RAMNAL, ("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.

MD MIJANUR RAHMAN IRAN
(Print name of Patient)

MIJANUR RAHMAN
(Signature of Patient)

10/29/2025
(Date of signature)

1643
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

3412 BLUESTONE LANE

10/29/2025
(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

Patient 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: JULIANUR RAHMAN Date: 10/29/2025

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: 10/29/2025

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: 10/29/2025

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: RAHMAM MDMIJANAUR IRAN
DATE OF BIRTH: 04/15/1989
ID/MRN: 20251029114535799
CLINICIAN: ZAKARIA, MOHAMMED
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/29/2025
HISTORY: M25.511-PAIN IN RIGHT SHOULDER, M25.471-EFFUSION, RIGHT ANKLE

RIGHT SHOULDER X-Ray Complete 2 or more views:

Comparison: None
Findings:
No acute fracture or dislocation
No osseous lesion
Joint spaces are unremarkable
No significant degenerative disease
Soft tissues are unremarkable
No radiopaque foreign bodies.

IMPRESSION:

No significant findings.

RIGHT ANKLE X-Ray Complete 3 view:

Comparison: None
Findings:
No acute fracture or dislocation
No osseous lesion
Joint spaces are unremarkable
No significant degenerative disease
Soft tissues are unremarkable
No radiopaque foreign bodies.

IMPRESSION:

No significant findings.

Electronically Signed By: Palam Annamalai, MD 11/03/2025 0:25:36 EST

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 10/29/25

YOUR INFORMATION

NAME RAHMAH MOMUHAMMAD IRAN D.O.B. 4/15/87 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 R ☒ L ☐ 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 ☐ L ☐ 73130
- HEEL ...... Complete 2 views - R ☐ L ☐ 73650
- HIP ...... Complete 2 views - R ☐ L ☐ 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 Muhammad R. Zafarvia NPI# 1447769824 FAX RESULTS TO ( ) ______

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

FOR OFFICE USE ONLY

TECHNICIAN ______ TECHNIQUE ______ # OF VIEWS ______

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

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

(01062)-AMANKWAH ENOCH 2

Date of Birth - 3/31/1987 Sex - Male Marital Status - Single

Address: 2293 CROTONA AVE,The Bronx,NY,10458
Phone #: (929) 302-1604

Social Security# - 025-53-3914

Employer or Company Name:
Address:
Emergency Name:
Work Phone #:

Date of Accident - 8/3/2025
Time/Place Accident -
Date of Visit -
Condition Related to : Auto Accident

Insurance Company : State Farm Mutual Automobile Insurance Co.
Address:

Phone: Fax:

Claim# - 52-88MO-38M
Claim Address - P.O. BOX 106170
ATLANTA G.A. 30348-6170
NF-2 - Yes Sending Date - 08/28/2025
Policy Effective Date -
Policy# - 3575768A2752A001
Policy holder - ENOCH AMANKWAH
WCB# -
Carrier case # -

To Attorney - KERNER & KERNER PC Firm Name -
Attorney Address -
Attorney Phone - 212-964-1098 Fax - Contact Person -

Other Insurance -
Medicare -

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

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

Claim Number: _____

I, Enoch Amankwah ("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.

Enoch Amankwah
(Print name of Patient)

(Signature of Patient)

10/29/2025
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

10/29/2025
(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

Patient 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: 10/29/2025

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: 10/29/2025

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: 10/29/2025

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: AMANKWAH ENOCH
DATE OF BIRTH: 03/31/1987
ID/MRN: 20251029134332650
CLINICIAN: ZAKARIA, MOHAMMED
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/29/2025
HISTORY: M25.532-PAIN IN LEFT WRIST, M25.512-PAIN IN LEFT SHOULDER, M25.511-PAIN IN RIGHT SHOULDER, M25.561-PAIN IN RIGHT KNEE, M25.531-PAIN IN RIGHT WRIST

LEFT SHOULDER X-Ray 1 view:

Comparison: None
Findings:
Normal gleno-humeral articulation without an articular or osseous abnormality. There is no demonstrated subluxation or dislocation.
Normal visualized humeral head.
Normal acromion without evidence of fracture or osseous abnormality.
Normal visualized scapula without a demonstrated fracture or osseous destructive process.
Normal acromioclavicular articulation, without articular or osseous abnormality. There is no widening of the coracoclavicular distance.
Normal visualized clavicle, without fracture or osseous abnormality.
There is no definitive plain film finding of demineralization.
There is no soft tissue abnormality.
Normal visualized pulmonary apex.

IMPRESSION:

Normal x-ray examination of the shoulder.

RIGHT SHOULDER X-Ray 1 view:

Comparison: None
Findings:
Normal gleno-humeral articulation without an articular or osseous abnormality. There is no demonstrated subluxation or dislocation.
Normal visualized humeral head.
Normal acromion without evidence of fracture or osseous abnormality.
Normal visualized scapula without a demonstrated fracture or osseous destructive process.
Normal acromioclavicular articulation, without articular or osseous abnormality. There is no widening of the coracoclavicular distance.
Normal visualized clavicle, without fracture or osseous abnormality.
There is no definitive plain film finding of demineralization.
There is no soft tissue abnormality.
Normal visualized pulmonary apex.

IMPRESSION:

Normal x-ray examination of the shoulder.

LEFT WRIST X-Ray Complete 3 view:

Comparison: None

Findings:
Normal distal radius and ulna, without a demonstrated fracture or osseous abnormality.
Normal distal radioulnar articulation, with a neutral ulnar variance.
Normal radiocarpal articulation.
Normal carpal bones and carpal articulations, without an articular abnormality or demonstrated fracture or osseous abnormality.
Normal carpometacarpal articulation of the thumb.
Normal second through fifth carpometacarpal articulations.
There is no definite plain film finding of demineralization.
There is no demonstrated soft tissue abnormality.

IMPRESSION:

Normal x-ray examination of the wrist.

RIGHT WRIST X-Ray Complete 3 view:

Comparison: None
Findings:
Normal distal radius and ulna, without a demonstrated fracture or osseous abnormality.
Normal distal radioulnar articulation, with a neutral ulnar variance.
Normal radiocarpal articulation.
Normal carpal bones and carpal articulations, without an articular abnormality or demonstrated fracture or osseous abnormality.
Normal carpometacarpal articulation of the thumb.
Normal second through fifth carpometacarpal articulations.
There is no definite plain film finding of demineralization.
There is no demonstrated soft tissue abnormality.

IMPRESSION:

Normal x-ray examination of the wrist.

RIGHT KNEE X-Ray - 1-2 view:

Comparison: None
Findings:
Normal visualized distal femur, proximal tibia and proximal fibula without evidence of fracture or osseous abnormality.
Normal medial and lateral femorotibial compartments of the knee without articular joint space narrowing or osseous abnormality.
Normal proximal tibiofibular articulation.
Normal patellofemoral articulation.
There are no plain film findings to suggest joint effusion of the knee.
There is no definitive plain film finding of demineralization of the knee.

IMPRESSION:

Normal x-ray examination of the knee.

Electronically Signed By: Dr. Roberto Rivera M.D. 11/03/2025 8:11:36 EST

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 10/29/25

YOUR INFORMATION

NAME AMAW KNAH ENOCH D.O.B. 03/31/87 SS# ________ ☐ MALE ☐ FEMALE

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

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

PRIMARY INSURANCE NAME ________ INSURANCE ID # ________

SECONDARY INSURANCE NAME ________ INSURANCE ID # ________

PROCEDURE (Circle What's Needed)

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 ☐ L ☐ 73130

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

HIP ...... Complete 2 views - R ☐ L ☐ 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. 2 views ☐ 72220

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

SC JOINTS ...... 3 views ☐ 71130

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

SI JOINTS ...... Complete, 3 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

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

OTHER ________

REQUESTING PHYSICIAN

NAME Muhammad R. Zafarulla NPI# 1447269874 FAX RESULTS TO ________

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

FOR OFFICE USE ONLY

TECHNICIAN ________ TECHNIQUE ________ # OF VIEWS ____

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

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

(01049)-GOMEZ WASCAR M

Date of Birth - 11/28/1998 Sex - Male Marital Status - Single

Address: 551 WALES AVE,The Bronx,NY,10455
Phone #: (347) 606-8407

Social Security# - 149-27-1212

Employer or Company Name:
Address:
Emergency Name:
Work Phone #:

Date of Accident - 7/16/2025
Time/Place Accident -
Date of Visit -
Condition Related to : Auto Accident

Insurance Company : PROGRESSIVE
Address:

Phone: Fax:

Claim# - 25-567377801
Claim Address - .725 BROADWAY
ALBANY, NY 12207
NF-2 - Yes Sending Date - 08/15/2025
Policy Effective Date -
Policy# - 999112227
Policy holder -
WCB# -
Carrier case # -

Attorney - Adam b CITRON ESQ Firm Name - CITRON LAW PC
Attorney Address - 111118 QUEENS blvd QUEENS NEW YORK 11375
Attorney Phone - 646-854-9606 Fax - Contact Person -

Other Insurance -
Medicare -

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

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

Claim Number: _____

I, Wascar Gomez, ("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.

Wascar Gomez
(Print name of Patient)

Wascar Gomez
(Signature of Patient)

10/29/2025
(Date of signature)

551 Wales Ave
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

3412 BLUESTONE LANE

10/29/2025
(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: [signature] Date: 10/29/2025

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: 10/29/2025

Females: Regarding Possibility of Pregnancy

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

Signed: _____ Date: 10/29/2025

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: WASCAR GOMEZ
DATE OF BIRTH: 11/28/1998
ID/MRN: 20251029133157938
CLINICIAN: ZAKARIA, MOHAMMED
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/29/2025
HISTORY: M25.512-PAIN IN LEFT SHOULDER, M25.511-PAIN IN RIGHT SHOULDER, M25.561-PAIN IN RIGHT KNEE, M25.562-PAIN IN LEFT KNEE

LEFT SHOULDER X-Ray Complete 2 or more views:

Comparison: None
Findings:
No acute fracture or dislocation
No osseous lesion
Joint spaces are unremarkable
No significant degenerative disease
Soft tissues are unremarkable
No radiopaque foreign bodies.

IMPRESSION:

No significant findings.

RIGHT SHOULDER X-Ray Complete 2 or more views:

Comparison: None
Findings:
No acute fracture or dislocation
No osseous lesion
Joint spaces are unremarkable
No significant degenerative disease
Soft tissues are unremarkable
No radiopaque foreign bodies.

IMPRESSION:

No significant findings.

LEFT KNEE X-Ray - 1-2 view:

Comparison: None
Findings:
No acute fracture or dislocation
No osseous lesion
Joint spaces are unremarkable
No significant degenerative disease
Soft tissues are unremarkable
No radiopaque foreign bodies.

IMPRESSION:

No significant findings.

RIGHT KNEE X-Ray - 1-2 view:

Comparison: None
Findings:
No acute fracture or dislocation
No osseous lesion
Joint spaces are unremarkable
No significant degenerative disease
Soft tissues are unremarkable
No radiopaque foreign bodies.

IMPRESSION:

No significant findings.

Electronically Signed By: Palam Annamalai, MD 11/03/2025 0:30:09 EST

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 10/29/25

YOUR INFORMATION:

NAME MISCAEL GOMEZ D.O.B. 11/15/79 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/Check the Required)

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
Mill 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 Muhammad K. Zahravia NPI# 1447269824 FAX RESULTS TO ____

INDICATE REASON FOR STUDY R/O Fx / pathology / pain SIGNATURE ____

FOR OFFICE USE ONLY:

TECHNICIAN ____ TECHNIQUE ____ # OF VIEWS ____

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

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

(01092)-SUTTER MARK

Date of Birth - 04/17/2001 Sex - Male Marital Status - Single

Address: 936 CALHOUN AVE,BRONX,NY,10465
Phone #: (917) 504-7794

Social Security# - 099-90-0467

Employer or Company Name:
Address:
Emergency Name:
Work Phone #:

Date of Accident - 08/19/2025
Time/Place Accident -
Date of Visit -
Condition Related to : Auto Accident

Insurance Company : PROGRESSIVE
Address:

Phone: Fax:

Claim# - 25503510311
Claim Address - P.O. BOX 22016
ALBANY ,NEW YORK,NY 12201
NF-2 - Yes Sending Date - 09/18/2025
Policy Effective Date - 07/30/2025
Policy# - 992228418
Policy holder - TYSEAN EASON
WCB# -
Carrier case # -

Attorney - MAKSIM LEYVI ATTORNEY AT LAW Firm Name - MAKSIM LEYVI ATTORNEY AT LAW
Attorney Address - 227 SEA BREEZE AVENUE, SUITE 201 BROOKLYN, NEW YORK 11224
Attorney Phone - 718-676-0900 Fax - 718-676-2299
Contact Person -

Other Insurance -
Medicare -

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

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

Claim Number: _____

I, Mark Sutter, ("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.

Mark Sutter
(Print name of Patient)

Mark Sutter
(Signature of Patient)

10/29/2025
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

3412 BLUESTONE LANE

10/29/2025
(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: Mark Sitter Date: 10/29/2025

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: Mark Sitter Date: 10/29/2025

Females: Regarding Possibility of Pregnancy

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

Signed: Mark Sitter Date: 10/29/2025

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: MARK SUTTER
DATE OF BIRTH: 04/17/2001
ID/MRN: 20251029115837576
CLINICIAN: ZAKARIA, MOHAMMED
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/29/2025
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. 11/03/2025 6:19:25 EST

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 10/28/25

YOUR INFORMATION:

NAME MARK SUTER D.O.B. 04/17/61 SS# _____ ☒MALE ☐FEMALE

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

FACILITY (IF APPLICABLE) _____ ROOM# (IF) ____ ADDRESS (IF) _____ 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 ☐ 73080

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 Muhammad K. Zahravia NPI# 1447726752 FAX RESULTS TO _____

INDICATE REASON FOR STUDY r/o FX / pathology / pain SIGNATURE [signature]

FOR OFFICE USE ONLY:

TECHNICIAN _____ TECHNIQUE _____ # OF VIEWS _____

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

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

(UT195)-JACKSON NASHA
08/16/2003

DOB 08/16/2003

Date of Birth - 08/16/2003 Sex - Female Marital Status - Single

Address: 2254 BASSFORD,The Bronx,NY,10457
Phone #: (917) 833-5670

Social Security# - 119-92-6095

Employer or Company Name:
Address:
Emergency Name:
Work Phone #:

Date of Accident - 10/22/2025
Time/Place Accident -
Date of Visit -
Condition Related to : Auto Accident

Insurance Company : GEICO General Insurance Co.
Address:

Phone: Fax:

Claim# -
Claim Address - GEICO NY PIP
PO Box 9506
Fredericksburg, VA 22403-9506
Policy Effective Date -
Policy# -
Policy holder -
WCB# -
Carrier case # -

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

Other Insurance -
Medicare -

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

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

Claim Number: _____

I, Nasha Jackson ("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.

Nasha Jackson
(Print name of Patient)

Nasha Jackson
(Signature of Patient)

10/29/2025
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

(Signature of Provider)

10/29/2025
(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: Nadia J Date: 10/29/2025

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: 10/29/2025

Females: Regarding Possibility of Pregnancy

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

Signed: Nadia J Date: 10/29/2025

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: NASHA JACKSON
DATE OF BIRTH: 08/16/2003
ID/MRN: 20251029131745475
CLINICIAN: ZAKARIA, MOHAMMED
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 10/29/2025
HISTORY: M25.511-PAIN IN RIGHT SHOULDER

SIGNIFICANT FINDINGS

RIGHT SHOULDER X-Ray Complete 2 or more views:

Comparison: None
Findings:
Superior displacement of distal clavicle, concerning for AC separation
No acute fracture
No osseous lesion
Joint spaces are unremarkable
No significant degenerative disease
Soft tissues are unremarkable
No radiopaque foreign bodies.

IMPRESSION:

Superior displacement of distal clavicle, concerning for AC separation

Electronically Signed By: Palam Annamalai, MD 11/03/2025 0:31:26 EST

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 10/29/25

YOUR INFORMATION

NAME NASHA TACKSON D.O.B. 8/16/03 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 (check 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 ☐ 70330

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

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

ORBITS ..... Complete 4 views ☐ 70260
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 Muhammad K. Zaheer NPI# 1447726724 FAX RESULTS TO

INDICATE REASON FOR STUDY R/O Fx/pathology/pain SIGNATURE

FOR OFFICE USE ONLY

TECHNICIAN TECHNIQUE # OF VIEWS

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

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