

11/13/2024

**(01020)-Cecilio Yesenia**

Date of Birth - 05/24/1976    Sex - Female    Marital Status - Married

Address: 270 Calhoun Ave 1st Floor, Bronx, NY, 10465  
Phone #: (347) 282-7169

Social Security# - 653-64-7536

Employer or Company Name: Babysitter

Address: NA

Emergency Name: Alejandro Chavez (917)445-3089

Work Phone #:

Date of Accident - 10/23/2024

Time/Place Accident - LaFayette Ave and Tremont Avenue

Date of Visit - 10/24/2024

Condition Related to : Auto Accident

Insurance Company : Liberty Mutual Insurance

Address:

Phone:    Fax:

Claim# - 058161810

Policy Effective Date -

Policy# -

Policy holder -

WCB# -

Carrier case # -

Attorney - Cohan Law, PLLC    Firm Name - Cohan Law, PLLC

Attorney Address - 401 Park Avenue South 10th Floor New York, NY 10016

Attorney Phone - (855) 855-0321    Fax -    Contact Person -

Other Insurance -

Medicare -

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**DYNAMIC MOBILE XRAY SERVICES LLC**

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

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**PATIENT NAME:** YESENIA CECILLO  
**DATE OF BIRTH:** 05/24/1976  
**ID/MRN:** 20241113008  
**CLINICIAN:** DR. ROOK, ROBERT  
**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC  
**DATE OF EXAM:** 11/13/2024  
**HISTORY:** M54.6-PAIN IN THORACIC SPINE.

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

COMPARISON: None.

**FINDINGS:**

The disc space heights are normal.  
There are no acute abnormalities of alignment.  
There is no radiographic evidence of acute fracture.  
There are no gross lytic or blastic lesions in the bones.  
There is no bony narrowing of the spinal canal.

**IMPRESSION:**

**There is no radiographic evidence of acute disease.  
If there is continued clinical concern, then cross-sectional imaging correlation may be of value because they are more accurate modalities.**

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**Electronically Signed By:** William Betz M.D. 11/13/2024 16:15:07 EST

**Tech:** Dynamic Mobile Xray Services LLC

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ID: EC26979022-20241114180918-6736912eddbd3**



**MOBILE EXAM ORDER FORM**

**PATIENT INFORMATION**

NAME Cecilio yosemias STAT  D.O.B. 5/24/76 SS# \_\_\_\_\_  MALE  FEMALE  
 PATIENT ADDRESS or FACILITY NAME \_\_\_\_\_ ROOM # \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
 PRIMARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_  
 SECONDARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

**X-RAYS: (Mark what is needed)**

**CHEST AND ABDOMEN**

- Abdominal KUB 1 View ..... 74018
- Abdominal Flat & Upright 2 View ..... 7402
- Chest 1 View ..... 71045
- Chest AP / LAT ..... 71046
- Ribs 2 View .....  (R) .....  (L) ..... 71100
- Ribs UNILATERAL + PA Chest 3 View ..... 71101
- Ribs BILATERAL + PA Chest 4 View ..... 71111

**HEAD AND NECK**

- Skull ..... 70250
- Facial Bones 3 View ..... 70150
- Orbits 4 View ..... 70200
- Nasal Bones 3 View ..... 70160
- Mandible .....  (R) .....  (L) ..... 70100
- Sinuses ..... 70210

**UPPER EXTREMITIES**

- Clavicle 2 View .....  (R) .....  (L) ..... 73000
- Scapula 2 View .....  (R) .....  (L) ..... 73010
- Shoulder 2 View .....  (R) .....  (L) ..... 73030
- Humerus 2 View .....  (R) .....  (L) ..... 73060
- Elbow 3 View .....  (R) .....  (L) ..... 73080
- Forearm 2 View .....  (R) .....  (L) ..... 73090
- Wrist 3 View .....  (R) .....  (L) ..... 73110
- Hand 3 View .....  (R) .....  (L) ..... 73130
- Fingers 2 View .....  (R) .....  (L) ..... 73140

**SPINE AND PELVIS**

- Cervical Spine AP / LAT ..... 72040
- Thoracic Spine 1 View ..... 72072
- Lumbar Spine 2-3 View ..... 72100
- Pelvis 1-2 View ..... 72170
- Sacrum Coccyx ..... 72220

Reason for study: \_\_\_\_\_

**UPPER EXTREMITIES**

- HIP BILATERAL 4 View ..... 73520
- HIP AP / LAT .....  (R) .....  (L) ..... 73501
- Femur 2 View .....  (R) .....  (L) ..... 73550
- Knee 1-2 View .....  (R) .....  (L) ..... 73560
- Knee 3 View .....  (R) .....  (L) ..... 73562
- Tibia / Fibula 2 View .....  (R) .....  (L) ..... 73590
- Ankle 3 View .....  (R) .....  (L) ..... 73610
- Foot 3 View .....  (R) .....  (L) ..... 73630
- Heel 2 View .....  (R) .....  (L) ..... 73650
- Toes 2 View .....  (R) .....  (L) ..... 73660

Other: \_\_\_\_\_

*MS406*

**Ultrasounds: (Mark what is needed)**

**Vascular Studies ( Rule out DVT )**

- Venous Upper (Bilat) ..... (R) ..... (L) ..... 93970/93971
- Venous Lower (Bilat) ..... (R) ..... (L) ..... 93970/93971
- Arterial Upper (Bilat) ..... (R) ..... (L) ..... 93930/93931
- Arterial Lower (Bilat) ..... (R) ..... (L) ..... 93925/93926
- Arterial with Ankle-Brachial Index (ABI) ..... 93922

**Abdomen**

- Complete Abdominal \* ..... 76770
- AORTA / AAA ..... 76706
- Renal ..... 76770
- Bladder \*\* ..... 76857

**Pelvic**

- Pelvic \*\* ..... 76856
- Pelvic Non-OB \*\* ..... 76856
- Testicular / Scrotum ..... 76870
- Soft Tissue Groin ..... 76882

**Head and Neck**

- Thyroid ..... 76536
- Neck Soft tissue ..... 76536
- RCarotid Duplex Doppler ..... 93880

Reason for study: \_\_\_\_\_

**Breast**

- Breast (Bilat) .....  (R) .....  (L) ..... 76642/76641

Other: \_\_\_\_\_

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

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

**CARDIAC STUDIES**

- EKG ..... 93000
- Holter Monitor 24 HR ..... 93228
- Echocardiogram ..... 93306
- Pacemaker check ..... 93293

**REQUESTING PHYSICIAN**

NAME ROBERT ROOK NPI # 1295026136 FAX # \_\_\_\_\_  
 SIGNATURE [Signature] TODAY'S DATE ROBERT ROOK 11/13/2024

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

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

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

I, Yesenia Cecilio ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS, ("Assignee")  
(Print patient's name) (Print hospital or health care provider name)

all rights privileges and remedies to payment for health care services provided by assignee to which I am entitled under Article 51 (the No-Fault statute) of the Insurance Law.

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

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

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

Yesenia Cecilio  
(Print name of Patient)

[Signature]  
(Signature of Patient)  
11/13/2024  
(Date of signature)

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

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)  
11/13/2024  
(Date of signature)

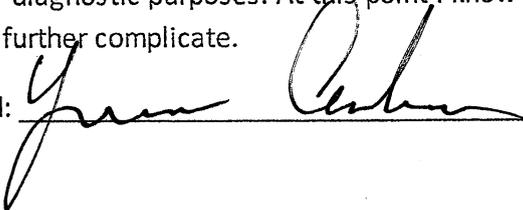
3412 BLUESTONE LANE  
EAST STROUDSBURG PA 18301  
(Address of Provider)

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

X-Ray Consent Form

Parent Consent To X-Ray:

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

Signed:  Date: 11/13/2024

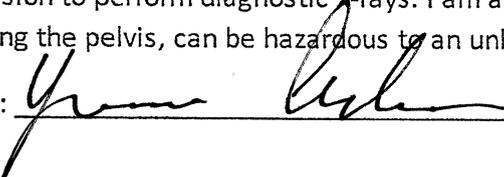
Consent To X-Ray:

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Females: Regarding Possibility of Pregnancy

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

Signed:  Date: 11/13/2024

**Jordan Fersel MD PC.**

3060 E Tremont Ave, Bronx NY 10461  
 Phone No.: 718-931-0818 FAX: 718-863-0430  
 ashley.medicaloffice@gmail.com

**PROGRESS NOTE**

Patient First Name:	Patient Last Name:	Date of Birth:	Sex:
Yesenia	Cecilio	05-24-1976	Female
Patient Address:		SSN:	
270 Calhoun Ave, Bronx NY 10465			
Attending Provider:	Referring Provider:	Visit Date:	Chart No.:
Jordan Fersel, M.D.		11-04-2024	SCL10986
Insurance Name:	Insurance Subscriber's ID:	Date of Injury:	Claim Id:
Appointment Location:	Appointment Location Address:	Encounter Type:	
Jordan Fersel MD PC.	3060 E Tremont Ave, Bronx NY 10461	New Patient - Auto-Accident	

**Chief Complaint:** \*Motor Vehicle Accident, Cervical Spine Pain, Thoracic Pain, Lumbar Spine Pain

**Motor Vehicle Accident**

Yesenia Cecilio is a 48 year old female who was involved in an accident on 10-23-2024. She At the time of accident patient was wearing seatbelt. Patient was a driver. Patient was in the car. Two other people were in the vehicle. she suffered a front impact to the vehicle and an impact to the left side of the vehicle. side swiped while driving she suffered no loss of consciousness.

This was not the first car accident of the patient. She was not admitted to the ER

**Patient also had past history of back problem.** There was moderate damage to the car.

**Cervical Spine Pain**

Patient reported pain is bilateral. The patient describes her pain as intermittent. Patient says, at its worse her pain is 6/10. Right now she describes her pain as 6/10 on a pain scale of 0-10.

**Thoracic Pain**

Patient reported pain is bilateral. The patient describes her pain as frequent. Patient says, at its worse her pain is 7/10. Right now she describes her pain as 7/10 on a pain scale of 0-10.

**Lumbar Spine Pain**

Patient reported pain is bilateral. The patient describes her pain as constant. Patient says, at its worse her pain is 8/10. Right now she describes her pain as 8/10 on a pain scale of 0-10. The pain is made worse by lying flat and sitting a long time.

**Past Medical History**

HTN ()  
Diabetes ()

### **Surgical History**

Arthroscopy of Knee  
Shoulder Surgery  
Cesarean Section

### **Current Medication**

Advil

### **Allergy**

No Known Drug Allergies.

### **Social History**

**Use of Drugs/Alcohol/Tobacco:** Patient states that she drinks alcohol occasionally. Never smoker

### **Review of Systems**

**Constitutional Symptoms:** Patients appears normal. Denies fever, fatigue, chills, hot flashes, night sweats and weight loss.

**Musculoskeletal:** Reports **neck pain and back pain.**

**Endocrine:** She reports **Type II diabetes.**

**Integumentary:** Denies itching, rashes and boils.

### **Physical Examination**

**General:** The patient is well developed and well-nourished. Patient is alert and oriented. Patient has good hygiene.

**Cervical Spine Exam:** Inspection reveals normal curvature of the cervical spine. The cervical spine is supple.

**Palpation of the cervical facet reveals pain in c3 - c7 region on both the sides and tenderness.** Cervical spine is noted to be stable. Anterior flexion is noted to be 50 degrees (ROM range 0-50 degrees). **No pain noted with anterior neck flexion. Extension of cervical spine noted to be 65 degrees (ROM range 0-60 degrees). There is pain noted with extension of cervical spine.** Left lateral rotation noted to be 80 degrees (ROM range 0-80 degrees). There is no pain noted with left lateral rotation of C-spine. Left lateral flexion noted to be 45 degrees (ROM range 0-45 degrees). No pain noted with left lateral flexion of C-spine. Right lateral rotation of the C-spine is noted to be 80 degrees (ROM range 0-80 degrees). There is no pain noted with right lateral rotation. Right lateral flexion of the C-spine is noted to be 45 degrees (ROM range 0-45 degrees). There is no pain noted with right lateral flexion. There are no palpable trigger points in the muscles of the head and neck.

**Thoracic Spine:** There is no evidence of atrophy or asymmetry noted in the thoracic spine. **There is tenderness noted at facet joint lines.** Range of motion of the thoracic spine is normal with both flexion and extension without pain. There is evidence of crepitation, laxity or instability noted in the thoracic spine. Hyperextension of thoracic spine does not cause increased pain.

**Lumbar Spine:** Inspection of the lumbar spine reveals no scoliosis. **Palpation of the lumbar facet reveals pain on both the sides at L3-S1 region.** There is no pain noted over the lumbar intervertebral spaces (discs) on palpation. **Palpation of the bilateral sacroiliac joint area reveals right and left sided pain.** Palpation of the greater trochanteric bursa on both sides reveals no tenderness. Anterior flexion of lumbar spine is noted to be 60 degrees (ROM range 0-60 degrees). **Anterior lumbar flexion causes pain.** Extension of lumbar spine is noted to be 30 degrees (ROM range 0-25 degrees). **There is pain noted with lumbar extension.** Left lateral flexion of the lumbar spine is noted to be 25 degrees (ROM range 0-25 degrees). **Left lateral flexion causes**

**pain.** Right lateral flexion of the lumbar spine is noted to be 25 degrees (ROM range 0-25 degrees). **There is pain noted with right lateral flexion.**

**Pain Management**

- Physical Therapy Prescription
- Sacroiliac Joint Injection - Sample 1

**Outcomes Assessment:**

**Assessment and Plan**

**ICD: Bilateral sacroiliitis (M46.1)**

**ICD: Cervical sprain (S13.9XXA)**

**ICD: Lumbar sprain (S33.5XXA)**

**ICD: Sprain thoracic region (S23.9XXA)**

**Plan**

Lumbar Sacral Orthosis ordered

Rx Prescribed: Lidocaine 5% ointment- Topical pain management for joints and large muscle groups. Apply 2-3 times daily to the affected area.

Rx Prescribed: Tizanidine 4mg- Oral muscle relaxant for involuntary contractions and muscle spasms.

MRI was prescribed for Cervical Spine.

MRI was prescribed for Lumbar Spine.

The Following plan has been discussed with the patient in detail:

-Patient would benefit from consultation for Cervical and Lumbar EMG/NCV testing to ensure no significant nerve damage is present.

-Patient would benefit from functional capacity testing and range of motion testing to gage progress/improvement.

-Patient will continue Physical Therapy 3 to 4 times for 4-6 weeks.

**Procedure**

**CPT Codes:**

Name	Code	Units	
Office O/p New Low 30 Min	99203	1	
Prolong Service W/o Contact	99358	1	
Inject Sacroiliac Joint	27096	1	

**HCPC Codes:**

Name	Code	Units	

Inj Betamethasone Acetate & Phosphate 3 Mg

J0702

1

**Prescription**

lidocaine 5 % topical ointment Apply 2-3 times per day on affected area for 30 Days , Prescribe 250 Gram  
tizanidine 4 mg tablet 1 At Bedtime for 30 Days , Prescribe 30 Tablet

**Follow up:** 4 Weeks

E&M Time Factor (Min): 0

E&M Notes:

11/13/2024

**(00974)-Guerrero Ambar**

Date of Birth - 12/29/1990    Sex - Female    Marital Status - Single

Address: 2955 E 196ST,BRONX,NY,  
Phone #: (917) 330-3268

Social Security# - 315-33-1071

Employer or Company Name: N/A

Address: N/A

Emergency Name:

Work Phone #:

Date of Accident - 06/18/2024

Time/Place Accident - 1453 Walton Ave

Date of Visit - 06/20/2024

Condition Related to : Auto Accident

Insurance Company : Erie Insurance Co.

Address:

Phone:    Fax:

Claim# - A00006029639

Claim Address - P.O. Box 22840  
Rochester NY 14692

NF-2 - Yes

Policy Effective Date -

Policy# - Q07-72099370

Policy holder - Gomez, Josmeidi E

WCB# -

Carrier case # -

Attorney - Michelle Klafter, P.C.    Firm Name - Law Office of Mitchell Klafter p.c.

Attorney Address - 22-15 street 2nd floor Astoria NY 11105

Attorney Phone - 718.721.5740    Fax - 718.465.1160

Contact Person -

Other Insurance -

Medicare -

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**DYNAMIC MOBILE XRAY SERVICES LLC**

3412 BLUESTONE LANE  
E STROUDSBURG, PA 18301-0000  
(201) 952-6420

dynamicmobilexrays@gmail.com

**Radiology Interpretation**

---

**PATIENT NAME:** AMBER GUERRRO

**DATE OF BIRTH:** 12/29/1990

**ID/MRN:** 20241113007

**CLINICIAN:** DR. ROOK, ROBERT

**FACILITY:** DYNAMIC MOBILE XRAY SERVICES LLC

**DATE OF EXAM:** 11/13/2024

**HISTORY:** M25.512-PAIN IN LEFT SHOULDER, M25.562-PAIN IN LEFT KNEE

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**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.**

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

Comparison: None

**FINDINGS:**

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

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

There are no joint bodies.

There is no knee region soft tissue swelling.

There is no joint effusion.

There are no radiopaque foreign bodies.

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

**IMPRESSION:**

**No acute fracture or dislocation of the left knee.**

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**Electronically Signed By:** Dr. Lan Vu M.D. 11/13/2024 16:14:42 EST

**Tech:** Dynamic Mobile Xray Services LLC



**MOBILE EXAM ORDER FORM**

**PATIENT INFORMATION**

NAME Cuevas Ambar STAT  D.O.B. 12/29/90 SS# \_\_\_\_\_  MALE  FEMALE  
 PATIENT ADDRESS or FACILITY NAME \_\_\_\_\_ ROOM # \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
 PRIMARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_  
 SECONDARY INSURANCE NAME \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

**X-RAYS: (Mark what is needed)**

**CHEST AND ABDOMEN**

- Abdominal KUB 1 View ..... 74018
- Abdominal Flat & Upright 2 View ..... 7402
- Chest 1 View ..... 71045
- Chest AP / LAT ..... 71046
- Ribs 2 View .....  (R) .....  (L) ..... 71100
- Ribs UNILATERAL + PA Chest 3 View ..... 71101
- Ribs BILATERAL + PA Chest 4 View ..... 71111

**HEAD AND NECK**

- Skull ..... 70250
- Facial Bones 3 View ..... 70150
- Orbits 4 View ..... 70200
- Nasal Bones 3 View ..... 70160
- Mandible .....  (R) .....  (L) ..... 70100
- Sinuses ..... 70210

**UPPER EXTREMITIES**

- Clavicle 2 View .....  (R) .....  (L) ..... 73000
- Scapula 2 View .....  (R) .....  (L) ..... 73010
- Shoulder 2 View .....  (R) .....  (L) ..... 73030
- Humerus 2 View .....  (R) .....  (L) ..... 73060
- Elbow 3 View .....  (R) .....  (L) ..... 73080
- Forearm 2 View .....  (R) .....  (L) ..... 73090
- Wrist 3 View .....  (R) .....  (L) ..... 73110
- Hand 3 View .....  (R) .....  (L) ..... 73130
- Fingers 2 View .....  (R) .....  (L) ..... 73140

**SPINE AND PELVIS**

- Cervical Spine AP / LAT ..... 72040
- Thoracic Spine 3 View ..... 72072
- Lumbar Spine 2-3 View ..... 72100
- Pelvis 1-2 View ..... 72170
- Sacrum Coccyx ..... 72220

Reason for study: \_\_\_\_\_

**UPPER EXTREMITIES**

- HIP BILATERAL 4 View ..... 73520
- HIP AP / LAT .....  (R) .....  (L) ..... 73501
- Femur 2 View .....  (R) .....  (L) ..... 73550
- Knee 1-2 View .....  (R) .....  (L) ..... 73560
- Knee 3 View .....  (R) .....  (L) ..... 73582
- Tibia / Fibula 2 View .....  (R) .....  (L) ..... 73590
- Ankle 3 View .....  (R) .....  (L) ..... 73610
- Foot 3 View .....  (R) .....  (L) ..... 73630
- Heel 2 View .....  (R) .....  (L) ..... 73650
- Toes 2 View .....  (R) .....  (L) ..... 73660

Other: \_\_\_\_\_

M25-512, M25-582

**Ultrasounds: (Mark what is needed)**

**Vascular Studies ( Rule out DVT )**

- Venous Upper (Bilat) ..... (R) ..... (L) ..... 93970/93971
- Venous Lower (Bilat) ..... (R) ..... (L) ..... 93970/93971
- Arterial Upper (Bilat) ..... (R) ..... (L) ..... 93930/93931
- Arterial Lower (Bilat) ..... (R) ..... (L) ..... 93925/93926
- Arterial with Ankle-Brachial Index (ABI) ..... 93922

**Abdomen**

- Complete Abdominal\* ..... 76770
- AORTA / AAA ..... 76706
- Renal ..... 76770
- Bladder\*\* ..... 76857

**Pelvic**

- Pelvic\*\* ..... 76856
- Pelvic Non-OB\*\* ..... 76856
- Testicular / Scrotum ..... 76870
- Soft Tissue Groin ..... 76882

**Head and Neck**

- Thyroid ..... 76536
- Neck Soft tissue ..... 76536
- RCarotid Duplex Doppler ..... 93880

Reason for study: \_\_\_\_\_

**Breast**

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

Other: \_\_\_\_\_

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

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

**CARDIAC STUDIES:**

- EKG ..... 93000
- Holter Monitor 24 HR ..... 93228
- Echocardiogram ..... 93306
- Pacemaker check ..... 93293

**REQUESTING PHYSICIAN:**

NAME ROBERT ROOK NPI # 1295026136 FAX # \_\_\_\_\_  
 SIGNATURE [Signature] TODAY'S DATE ROBERT ROOK 11/13/2022

**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.

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

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

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

I, Ambar Guerrero ("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.

Ambar Guerrero  
(Print name of Patient)

[Signature]  
(Signature of Patient)

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

11/13/2024  
(Date of signature)

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

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

11/13/2024  
(Date of signature)

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

X-Ray Consent Form

Parent Consent To X-Ray:

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

Signed: [Signature] Date: 11/13/2024

Consent To X-Ray:

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Females: Regarding Possibility of Pregnancy

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

Signed: [Signature] Date: 11/13/2024

**Jordan Fersel MD PC.**

3060 E Tremont Ave, Bronx NY 10461

Phone No.: 718-931-0818 FAX: 718-863-0430

ashley.medicaloffice@gmail.com

**PROGRESS NOTE**

Patient First Name:	Patient Last Name:	Date of Birth:	Sex:
Ambar	Guerrero	12-29-1990	Female
Patient Address:		SSN:	
2955 e 196st , Bronx NY 10461			
Attending Provider:	Referring Provider:	Visit Date:	Chart No.:
Jordan Fersel, M.D.		09-09-2024	SCL10215
Insurance Name:	Insurance Subscriber's ID:	Date of Injury:	Claim Id:
Erie Insurance Company	Q07-72099370	06-18-2024	A00006029639
Appointment Location:	Appointment Location Address:	Encounter Type:	
Jordan Fersel MD PC.	3060 E Tremont Ave, Bronx NY 10461	Follow-Up Auto-Accident	

**Chief Complaint:** Headache, Cervical Spine Pain, Shoulder Pain, Thoracic Pain, Lumbar Spine Pain, Knee Pain

**Motor Vehicle Accident**

Ambar Guerrero is a 33 year old female who was involved in an accident on 06-18-2024. At the time of accident patient was wearing seatbelt. Patient was a driver. Patient was in the car. Three other people were in the vehicle. she suffered a front impact to the vehicle and an impact to the left side of the vehicle. She was not admitted to the ER

**Headache**

Patient reports that the onset of headache was sudden. She states that her headache is recurrent. Location of headache at onset was Unilateral. Left She does not have photophobia. There is no vomiting associated with her headache. Patient does not sweat excessively.

**Cervical Spine Pain**

Patient reported pain is bilateral. The patient describes her pain as intermittent. Patient says, at its worse her pain is 7/10. Right now she describes her pain as 7/10 on a pain scale of 0-10. The pain is made worse by bending and movement. Her pain gets better by changing position and applying heat.

**Shoulder Pain**

Patient reported pain is on left side. The patient describes her pain as intermittent. Patient says, at its worse her pain is 8/10. Right now she describes her pain as 7/10 on a pain scale of 0-10. The pain is made worse by lifting and movement. Her pain gets better by massage and resting.

**Thoracic Pain**

Patient reported pain is bilateral. The patient describes her pain as intermittent. Patient says, at its worse her pain is 7/10. Right now she describes her pain as 7/10 on a pain scale of 0-10. The pain is made worse by bending and movement. Her pain gets better by changing position and applying heat.

**Lumbar Spine Pain**

Patient reported pain is bilateral. The patient describes her pain as intermittent. Patient says, at its worse her pain is 8/10. Right now she describes her pain as 7/10 on a pain scale of 0-10. The pain is made worse by bending and movement. Her pain gets better by changing position and applying heat.

**Knee Pain**

Patient reported pain is on left side. The patient describes her pain as intermittent. Patient says, at its worse her pain is 5/10. Right now she describes her pain as 5/10 on a pain scale of 0-10. The pain is made worse by going up stairs and going down stairs. Her pain gets better by massage and resting.

**Past Medical History**

20 weeks preg (7-1-24)

**Surgical History**

Breast reduction/lipo  
fibroid removal

**Family History**

Non-contributory Family History.

**Current Medication**

Pnv  
iron  
Pnv  
iron

**Allergy**

No Known Drug Allergies.

**Social History**

**Use of Drugs/Alcohol/Tobacco:** Patient states that she never drinks any alcohol. Never smoker

**Review of Systems**

**Constitutional Symptoms:** Patients appears normal. Denies fever, fatigue, chills, hot flashes, night sweats and weight loss.

**HEENT:** Reports **headache**. Denies dizziness and sore throat.

**Musculoskeletal:** Reports **neck pain, shoulder pain and back pain**.

**Neurological:** Reports **headache**. Denies numbness and weakness.

**Integumentary:** Denies itching, rashes and boils.

**Physical Examination**

**General:** The patient is well developed and well-nourished. Patient is alert and oriented. Patient has good

hygiene.

**Cervical Spine Exam:** Inspection reveals normal curvature of the cervical spine. The cervical spine is supple. **Palpation of the cervical facet reveals pain in c3 - c7 region on both the sides.** Cervical spine is noted to be stable. Anterior flexion is noted to be 50 degrees (ROM range 0-50 degrees). **No pain noted with anterior neck flexion. Extension of cervical spine noted to be 55 degrees (ROM range 0-60 degrees). There is pain noted with extension of cervical spine. Left lateral rotation noted to be 75 degrees (ROM range 0-80 degrees). There is pain noted with left lateral rotation of C-spine. Left lateral flexion noted to be 40 degrees (ROM range 0-45 degrees). There is pain noted with left lateral flexion of C-spine. Right lateral rotation of the C-spine is noted to be 75 degrees (ROM range 0-80 degrees). There is pain noted with right lateral rotation. Right lateral flexion of the C-spine is noted to be 40 degrees (ROM range 0-45 degrees). There is pain noted with right lateral flexion.** There are no palpable trigger points in the muscles of the head and neck.

**Thoracic Spine:** There is no evidence of atrophy or asymmetry noted in the thoracic spine. **There is tenderness noted at facet joint lines.** Range of motion of the thoracic spine is normal with both flexion and extension without pain. There is evidence of crepitation, laxity or instability noted in the thoracic spine. Hyperextension of thoracic spine does not cause increased pain.

**Lumbar Spine:** Inspection of the lumbar spine reveals no scoliosis. **Palpation of the lumbar facet reveals pain on both the sides at L3-S1 region.** There is no pain noted over the lumbar intervertebral spaces (discs) on palpation. Palpation of the bilateral sacroiliac joint area reveals no pain. Palpation of the greater trochanteric bursa on both sides reveals no tenderness. **Anterior flexion of lumbar spine is noted to be 40 degrees (ROM range 0-60 degrees). Anterior lumbar flexion causes pain. Extension of lumbar spine is noted to be 15 degrees (ROM range 0-25 degrees). There is pain noted with lumbar extension. Left lateral flexion of the lumbar spine is noted to be 20 degrees (ROM range 0-25 degrees). Left lateral flexion causes pain. Right lateral flexion of the lumbar spine is noted to be 20 degrees (ROM range 0-25 degrees). There is pain noted with right lateral flexion.**

**Joints-Shoulder:** On palpation, there is tenderness noted over the left acromioclavicular joint, anterior acromial border, anterior glenoid rim and anterior glenohumeral joint. Left humerus/scapula is nontender to palpation. No left shoulder swelling noted. There is no ecchymosis present over the left shoulder. No left sided shoulder crepitus noted. No left shoulder deformity noted. There is no atrophy of the left shoulder noted. No left shoulder effusion noted. Left Shoulder ROM: Tested. Left shoulder labral test findings: Negative. Left scapular winging grade: 0. Left shoulder bicep test: Negative. Left shoulder impingement test: Negative. Left shoulder O'brien's test: Negative. Left shoulder popeye sign: Negative. Left shoulder stress test - joints: Normal. Left shoulder stress test - muscles: Normal. Reason left shoulder stress testing was not performed due to injury.

**Joints-Knee:** **Left knee is tender to palpation.** Tenderness is present in the diffuse pattern anteriorly of the left knee. There is no swelling noted in the left knee region. There is no ecchymosis noted on the left knee. Left knee effusion is absent. Left knee ROM was tested. Left knee compartment testing is performed. Left knee patellofemoral exam has normal findings. Left Knee Ligament testing: Normal findings. There is no ligament pain noted in the left knee. Lt. Knee Exam Observation: consistent with symptoms.

## Pain Management

- Physical Therapy Prescription

## Outcomes Assessment:

**Assessment and Plan**

ICD: Headache, unspecified (R51.9)

ICD: Cervical sprain (S13.9XXA)

ICD: Sprain of thoracic region (S23.9XXA)

ICD: Lumbar back sprain (S33.5XXA)

ICD: Shoulder sprain (S43.409A)

ICD: Knee sprain (S83.90XA)

**Assessment**

Patient is 30 wks pregnant.

Tylenol prn for pain

**Plan**

Physical Therapy 3-4 times a week, Chiropractic and Acupuncture.

**Procedure**

**CPT Codes:**

Name	Code	Units	
Office O/p Est Low 20 Min	99213	1	
Prolong Service W/o Contact	99358	1	

**Follow up:** 4 Weeks

E&M Time Factor (Min): 20-29

E&M Notes: Outcome assessment was reviewed with the patient at the office visit by Jordan Fersel M.D.



Jordan Fersel, M.D.

**NPI#:** 1881685519

*This has been electronically signed by Jordan Fersel, M.D. on 09-09-2024.*