

11/13/2024

(01016)-Williams #2 Lisa

Date of Birth - 02/21/1968 Sex - Female Marital Status - Married

Address: 1500 Noble Ave Apt10H,Bronx,NY,10460

Phone #: (917) 640-3704

Social Security# - 063-50-4271

Employer or Company Name: NA

Address: NA

Emergency Name: Leadia Turner (646)549-5446

Work Phone #:

Date of Accident - 09/28/2024

Time/Place Accident - Claremont Park Ave

Date of Visit - 10/11/2024

Condition Related to : Auto Accident

Insurance Company : Geico

Address: PO BOX 9507

Fredericksburg,VA,22403

Phone: Fax:

Claim# - 0180950640101038

Policy Effective Date -

Policy# -

Policy holder -

WCB# -

Carrier case # -

Attorney - Firm Name -

Attorney Address -

Attorney Phone - Fax -

Contact Person -

Other Insurance -

Medicare -

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: LISA WILLIAMS

DATE OF BIRTH: 02/21/1968

ID/MRN: 20241113017

CLINICIAN: DR. ROOK, ROBERT

FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC

DATE OF EXAM: 11/13/2024

HISTORY: M25.511-PAIN IN RIGHT SHOULDER, M54.6-PAIN IN THORACIC SPINE.

SPINE THORACIC X-RAY 2 view:

Technique: Thoracic spine, 2 views

Comparison: None.

Findings: There is mild dextroscoliosis with no subluxation. (14 degrees Cobb's angle at T9 level). There are no compression deformities. The bony mineralization is normal.

IMPRESSION:

1. Mild dextroscoliosis with no subluxation. (14 degrees Cobb's angle at T9 level)
 2. No compression deformities. If there is persistent pain, follow up CT or MRI may be obtained as clinically warranted.
-

RIGHT SHOULDER X-Ray Complete 2 or more views:

Technique: Right Shoulder, 2 views

Comparison: None.

Findings: There is no radiographic evidence of acute fracture or dislocation. The humeral head and neck as well as clavicle and scapula are intact. Visualized lung parenchyma is clear. The bony mineralization is normal.

IMPRESSION:

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

Electronically Signed By: Dr. Naiyer Imam M.D. 11/13/2024 23:07:35 EST

Tech: Dynamic Mobile Xray Services LLC

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MOBILE EXAM ORDER FORM

PATIENT INFORMATION

NAME William LUSA STAT 2/21/68 D.O.B. 2/21/68 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 2 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 : _____

M25-511, M54-6

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 ro 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 DAT ROBERT ROOK 11/13/2024

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

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

Lisa Williams
(Print name of Patient)

Lisa Williams
(Signature of Patient)

11/13/2024
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

[Signature]
(Signature of Provider)

3412 BLUESTONE LANE

11/13/2024
(Date of signature)

EAST STROUDSBURG PA 18301
(Address of Provider)

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:
Lisa	Williams	02-21-1958	Female
Patient Address:	SSN:		
1500 noble ave , 10h, Bronx NY 10460			
Attending Provider:	Referring Provider:	Visit Date:	Chart No.:
Jordan Fersel, M.D.		10-21-2024	SCL09984
Insurance Name:	Insurance Subscriber's ID:	Date of Injury:	Claim Id:
GEICO General Insurance Co	2009530912		
Appointment Location:	Appointment Location Address:	Encounter Type:	
Jordan Fersel MD PC.	3060 E Tremont Ave, Bronx NY 10461	New Patient - Auto-Accident	

Reason For Visit: Need demo, -AOB

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

Motor Vehicle Accident

Lisa Williams is a 66 year old female who was involved in an accident on 09-28-2024. She At the time of accident patient was wearing seatbelt. Patient was a driver. Patient was in the car. No other people were in the vehicle. she suffered a rear impact to the vehicle. The accident occurred while stopped at a stoplight. she also suffered loss of consciousness for few minutes.

This was not the first car accident of the patient. She was admitted to the ER. In the ER, a physical exam was done. was then sent home

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

Cervical Spine Pain

Patient reported pain is bilateral. The patient describes her pain as constant. Patient says, at its worse her pain is 9/10. Right now she describes her pain as 8/10 on a pain scale of 0-10.

Thoracic 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.

Lumbar Spine Pain

Patient reported pain is bilateral. The patient describes her pain as constant. Patient says, at its worse her pain is 9/10. Right now she describes her pain as 9/10 on a pain scale of 0-10.

Shoulder Pain

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

Past Medical History

Htn
borderline dm

Current Medication

Norvasc
metformin
Norvasc
metformin

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.

Respiratory: Denies trouble breathing and shortness of breath.

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

Psychiatric: Reports **anxiety.**

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 no pain. Cervical spine is noted to be stable. **Anterior flexion is noted to be 45 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 55 degrees (ROM range 0-80 degrees). There is pain noted with left lateral rotation of C-spine. Left lateral flexion noted to be 30 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 70 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 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 30 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 15 degrees (ROM range 0-25 degrees). Left lateral flexion causes pain. Right lateral flexion of the lumbar spine is noted to be 15 degrees (ROM range 0-25 degrees). There is pain noted with right lateral flexion.

Joints-Shoulder: On palpation, there is tenderness noted over the right anterior acromioclavicular joint. Right humerus/scapula is non-tender to palpation. No right shoulder swelling noted. There is no ecchymosis noted over the right shoulder. No right sided shoulder crepitus noted. No right shoulder deformity noted. There is no atrophy of the right shoulder noted. No right shoulder effusion noted. Right Shoulder ROM: Tested. Right shoulder labral test findings: Negative. Right scapula winging grade: 0. Right shoulder bicep test: Negative. Right shoulder impingement: Negative. Right shoulder O'Brien's test: Negative. Right shoulder popeye sign: Negative. Right shoulder stress test - joints: Normal. Right shoulder stress test - muscles: Normal. Reason right shoulder stress testing was not performed due to injury. **On palpation, there is tenderness noted over the left acromioclavicular 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.

Pain Management

- Physical Therapy Prescription

Outcomes Assessment:

Assessment and Plan

ICD: Cervical sprain (S13.9XXA)

ICD: Lumbar sprain (S33.5XXA)

ICD: Sprain thoracic region (S23.9XXA)

ICD: Sprain of shoulder (S43.409A)

ICD: Bilateral sacroiliitis (M46.1)

ICD: Post traumatic stress disorder (PTSD) (F43.10)

Assessment

Pt states that she has anxiety while driving following this MVA

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.

Naprosyn 500mg every 12 hour

MRI was prescribed for Cervical Spine.

MRI was prescribed for Lumbar Spine.

MRI was prescribed for Bilateral Shoulder.

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.
- Psychologic evaluation for PTSD.

Procedure

CPT Codes:

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

Prescription

lidocaine 5 % topical patch 1 Patch On Day One for 30 Days , Prescribe 30 Patch
tizanidine 4 mg tablet 1 At Bedtime for 30 Days , Prescribe 30 Tablet, Refills 1
naproxen 500 mg tablet 1 Twice A Day for 30 Days , Prescribe 60 Tablet

Follow up: 4 Weeks

E&M Time Factor (Min): 0

E&M Notes:

11/13/2024

(01010)-Rice Terina

Date of Birth - 09/21/1991 Sex - Female Marital Status - Single

Address: 3208 Bruner Ave # 1 Floor, The Bronx, NY, 10469
Phone #: (914) 912-6875

Social Security# - 373-23-9989

Employer or Company Name: N/A

Address: N/A

Emergency Name: N/A

Work Phone #:

Date of Accident - 09/23/2024

Time/Place Accident -

Date of Visit - 09/30/2024

Condition Related to : Auto Accident

Insurance Company : Farmers Insurance

Address:

Phone: Fax:

Claim# - 7008145792-1-4

Policy Adjuster - Annette Rock-Boyd

516. 861-1214

Policy Effective Date -

Policy# - 5202851670

Policy holder - Terina Rice

WCB# -

Carrier case # -

Attorney - Firm Name -

Attorney Address -

Attorney Phone - Fax -

Contact Person -

Other Insurance -

Medicare -

DYNAMIC MOBILE XRAY SERVICES LLC

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

Radiology Interpretation

PATIENT NAME: TERINA RICE
DATE OF BIRTH: 09/21/1991
ID/MRN: 20241113013
CLINICIAN: DR. ROOK, ROBERT
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 11/13/2024
HISTORY: M25.562-PAIN IN LEFT KNEE

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.

Electronically Signed By: Palam Annamalai, MD 11/13/2024 17:08:07 EST

Tech: Dynamic Mobile Xray Services LLC

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MOBILE EXAM ORDER FORM

PATIENT INFORMATION

NAME Rue Terry STAT
D.O.B. 9/21/91 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) 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: _____

M25.562

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
- R Carotid 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 ro 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 DAT ROBERT ROOK 11/13/2024

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, Terna Rice ("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.

Terna Rice
(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)

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

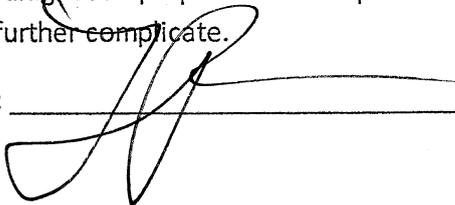
11/13/2024
(Date of signature)

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:  Date: 11/13/2024

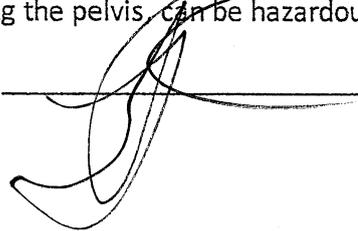
Consent To X-Ray:

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

11/13/2024

(01021)-Soto Sheila

Date of Birth - 02/26/1991 Sex - Female Marital Status - Single

Address: 4140 Carpenter Ave #4D, The Bronx, NY, 10466
Phone #: (832) 348-6865

Social Security# - 096-78-3511

Employer or Company Name: N/A

Address: N/A

Emergency Name:

Work Phone #:

Date of Accident - 10/26/2024

Time/Place Accident -

Date of Visit - 10/29/2024

Condition Related to : Auto Accident

Insurance Company : Progressive

Address:

Phone: Fax:

Claim# - 24-391689294

Policy Effective Date -

Policy# -

Policy holder -

WCB# -

Carrier case # -

Attorney - Firm Name -

Attorney Address -

Attorney Phone - Fax -

Contact Person -

Other Insurance -

Medicare -

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

PATIENT NAME: SHEILA SOTO
DATE OF BIRTH: 02/26/1991
ID/MRN: 20241113012
CLINICIAN: DR. ROOK, ROBERT
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 11/13/2024
HISTORY: M25.562-PAIN IN LEFT KNEE, M54.6-PAIN IN THORACIC SPINE.

SPINE THORACIC X-RAY 2 view:

Comparison: None

FINDINGS:

Multiple views of the thoracic spine demonstrate normal alignment.

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

The vertebral body heights and disc spaces are grossly preserved.

The soft tissues are unremarkable.

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

IMPRESSION:

No acute fracture or subluxation of the thoracic spine.

LEFT KNEE X-Ray - 1-2 view:

Comparison: None

FINDINGS:

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

Mild osteoarthritis is seen in the tricompartment joint spaces.

There are no joint bodies.

There is no knee region soft tissue swelling.

There is no joint effusion.

There are no radiopaque foreign bodies.

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

IMPRESSION:

No acute fracture or dislocation of the left knee.

Electronically Signed By: Dr. Lan Vu M.D. 11/13/2024 17:08:59 EST

Tech: Dynamic Mobile Xray Services LLC



MOBILE EXAM ORDER FORM

PATIENT INFORMATION

NAME Soto Sheila STAT 2/26/91 D.O.B. 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 70180
- 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 2 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: _____

M25562, M54.6

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 ro exam

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

CARDIAC STUDIES

- EK G 93000
- Holter Monitor 24 HR 93228
- Echocardiogram 93306
- Pacemaker check 93293

REQUESTING PHYSICIAN

NAME ROBERT ROOK NPI # 1295026136 FAX # _____
 SIGNATURE R. Rook TODAY'S DAT ROBERT ROOK 11/13/2024

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, Sheila Soto ("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.

Sheila Soto
(Print name of Patient)

Sheila Soto
(Signature of Patient)

11/13/2024
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

[Signature]
(Signature of Provider)

3412 BLUESTONE LANE

11/13/2024
(Date of signature)

EAST STROUDSBURG PA 18301
(Address of Provider)

DYNAMIC MOBILE XRAY SERVICES LLC

3412 BLUESTONE LANE

EAST STROUDSBURG PA 18301

Tel: (570) 243-1888

X-Ray Consent Form

Parent Consent To X-Ray:

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

Signed: Sheila Soto 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: Sheila Soto Date: 11/13/2024

ACUPUNCTURE INITIAL EVALUATION

PATIENT NAME: (last) Dato (first) Neila AGE: 33 M/F DOB: 2/26/1991

DATE OF ACCIDENT: 10/26/24 DATE of EXAMINATION: 10/29/24 Type: PIP / W.C / Other

Chief Complaint: Neck, MB, LB and left knee pain

History of Present Illness :

Amazon truck merged to my lane after that accident I feel pain on my neck middle back, lower back and left knee. I feel headache also.

The patient was taken to the hospital? (yes/no) Hospital Name: _____

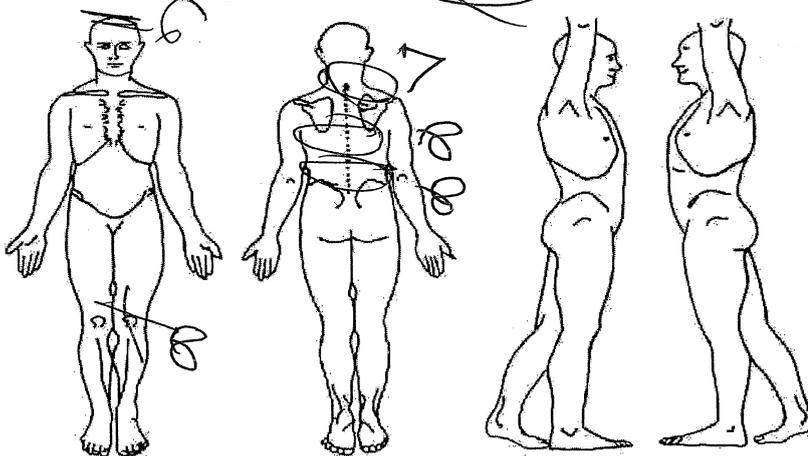
Medical Record from hospital : Obtained in chart / Patient didn't provide it / Not Applicable

List of documents from hospital : _____

Pain scales and Quality

C-spine 7 T-spine ^{MB: 8} L-spine 8 Ache/Dull/Numbness/Radiating/Weakness/Etc: _____
Shoulder _____ Elbow _____ Wrist _____ Ache/Dull/Numbness/Radiating/Weakness/Etc: _____
Hip _____ Knee 4: 8 Ankle _____ Ache/Dull/Numbness/Radiating/Weakness/Etc: _____
Others _____

Headaches (Front, Side, Back, Top), Dizziness, Vertigo, Nausea, Vomiting, Insomnia, Impaired hearing/Tinnitus, Difficulty Breathing, Blurred Vision, Anxiety, Depression, Nervousness



Findings :

Soft tissue findings :
(H: Hypertonic / T: Tenderness / W: Weakness)

Orthopedic findings :

Frequency of Pain: Constant, Intermittent, Frequent, Occasional

PAST AND CURRENT MEDICAL HISTORY: Left heart block, no stent

Patient is presently taking medication? Yes/ No

Pacemaker? Y/N Metal Implants? Y(N) Female Patient: Pregnancy Y(N)

PHYSICAL EXAMINATION

The patient is alert / dismal and cooperative / not cooperative

The gait is steady / limping / antalgic

Needs assistance to walk (cane/wheelchair/walker) / Does not need assistance to walk

Welcome Acupuncture, P.C.

3058 E Tremont Ave, Bronx, NY 10461

ACUPUNCTURE INITIAL EVALUATION

TRADITIONAL CHINESE MEDICAL DIAGNOSIS

Tongue **Body** (normal, thin, swollen, stiff, flaccid, scalloped, cracked, dry, moist, wet)
 Color (normal, pale, pale red, red, purple, bluish, dark, red tip, red sides)
 Coat (normal, thin, thick, absent, white, yellow, greasy, peeled, geographic)
Pulse **Rate** (regular, irregular, regularly irregular)
 Speed (normal, rapid, slow)
 Quality (weak, full, thin, thready, deep, floating, soft, choppy, soggy, slippery, wiry, tight)

TCM DIAGNOSIS : Post Traumatic Bi Syndrome, **Others :** _____

TCM PATTERN DIAGNOSIS : Qi and Blood stasis in Channels

ICD-10 Diagnosis

M62.838	Muscle Spasm	M25.____	(.511 R, .512 L)	Shoulder Pain	Other:
M60.9	Muscle Pain	M25.____	(.521 R, .522 L)	Pain in the Elbow	
R51	Headaches	M25.____	(.531 R, .532 L)	Wrist Pain	
M54.2	Cervicalgia	M25.____	(.551 R, .552 L)	Hip Pain	
M54.5	Lumbalgia	M25.____	(.561 R, .562 L)	Knee Pain	
M54.6	Thoracic Spine Pain	M25.____	(.571 R, .572 L)	Ankle/Foot Pain	

TREATMENT PLAN :

pain Relieved, Reduced Inflammation,
muscle Relaxation, Stress Reduction

TREATMENT GOALS

To promote the flow of Qi (body energetic) and blood, reduce swelling and relieve pain. Local and distal points, Ashi points may be combined to relax tendons and activate blood circulation.

- Provide symptomatic pain relief in acute and sub stages of the injury/condition.
- Assist joint inhibition to reduce inflammatory response to affected tissues.
- Reflexively subside painful muscle contraction and reactive splitting of the injured joints intrinsic musculature, thereby reversing the pain-spasm-pain cycle.
- Decrease irritation of the nerve tissue

TREATMENT MODALITIES

- Acupuncture (serin needles 1", 1/2" of different gauge and press needles)
- Acupuncture with electric stimulation
- Infrared Modality
- Cupping therapy

Recommendation. : 3-4 times / 2-3 times / 1-2 times a week , others _____

YJ

Licensed Acupuncturist