

11/13/2024

(01022)-Martinez Alarcon Juan Antonio

Date of Birth - 08/11/1988 Sex - Male Marital Status - Single

Address: 2147 Chatterton Apt 1R, Bronx, NY, 10472
Phone #: (862) 910-3858

Social Security# - 000-00-0000

Employer or Company Name: JMA Consulting Group
Address: 2123 Jerome Ave Bronx NY
Emergency Name:
Work Phone #:

Date of Accident - 10/29/2024
Time/Place Accident - Hunts Point
Date of Visit - 10/30/2024
Condition Related to : Auto Accident

Insurance Company : New York Central Mutual Fire Insurance Co.
Address: 1899 Central Plaza East
Edmeston, NY, 133351899
Phone: 607-965-8321 Fax: Tany

Claim# - 20243076533
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: ALACRON JUAN ANTONIO MARTINEZ

DATE OF BIRTH: 08/11/1988

ID/MRN: 20241113003

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, M79.604-PAIN IN RIGHT LEG

LEFT SHOULDER X-Ray Complete 2 or more views:

Comparison: None

FINDINGS:

Multiple views of the left shoulder show normal alignment at the gleno-humeral joint.

There are no acute fractures or dislocations.

The acromioclavicular joint and coracoclavicular spaces are intact.

The visualized scapula and clavicle are unremarkable.

There are no radiopaque foreign bodies.

No soft tissue swelling is seen.

If there is further concern, follow-up radiographs or MRI of the shoulder may be performed for complete assessment.

IMPRESSION:

No acute fracture or dislocation of left shoulder.

LEFT KNEE X-Ray - 1-2 view:

Comparison: None

FINDINGS:

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

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

There are no joint bodies.

There is no knee region soft tissue swelling.

There is no joint effusion.

There are no radiopaque foreign bodies.

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

IMPRESSION:

No acute fracture or dislocation of the left knee.

RIGHT TIBIA/FIBULA X-Ray - 2 view:

Comparison: None

FINDINGS:

No acute fracture or dislocation is seen.
The joint spaces are preserved.
No radiopaque foreign body is seen in the soft tissues.
The soft tissues are unremarkable.

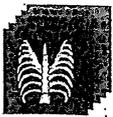
IMPRESSION:

No acute fracture or dislocation of the right tibia/fibula.

Electronically Signed By: Dr. Lan Vu M.D. 11/13/2024 14:20:48 EST

Tech: Dynamic Mobile Xray Services LLC

This transmission is proprietary, privileged and confidential. It is intended to be communication only for the use of the addressee; access to this message by anyone else is unauthorized. If you are not the intended recipient and have received this communication in error, please notify us immediately at (201) 952-6420. Any other action taken, including but not limited to the disclosure, copying or distribution of this communication is prohibited by law.
ID: EC26976258-20241114182026-673693ca3852f



MOBILE EXAM ORDER FORM

PATIENT INFORMATION

NAME Martinez A Aaron Antonio STAT 8/11/88 D.O.B. 8/11/88 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: _____

Ultrasounds: (Mark what is needed)

M25-512, M25-562, M79-604

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) 76842/76841

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 11/13/2024 ROBERT ROOK

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, Juan A. Martinez Alarcón ("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.

Juan A. Martinez Alarcón
(Print name of Patient)

Juan A. Martinez Alarcón
(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

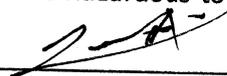
Consent To X-Ray:

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

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:
Juan	Alarcon	08-11-1988	Male
Patient Address:		SSN:	
2147 Chatterton Ave, 1R, Bronx NY 10472			
Attending Provider:	Referring Provider:	Visit Date:	Chart No.:
Jordan Fersel, M.D.		11-04-2024	SCL10985
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, Lumbar Spine Pain, Shoulder Pain, Knee Pain

Motor Vehicle Accident

Juan Alarcon is a 36 year old male who was involved in an accident on 10-29-2024. He At the time of accident patient was wearing seatbelt. Patient was a back seat passenger. Patient was in the car. Two other people were in the vehicle. he suffered an impact to the right side of the vehicle. The accident occurred while going through an intersection. he suffered no loss of consciousness.

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

Patient does not have history of back problems in the past. There was severe damage to the car.

Cervical Spine Pain

Patient reported pain is bilateral. The patient describes his pain as frequent. Patient says, at its worse his pain is 7/10. Right now he describes his pain as 6/10 on a pain scale of 0-10.

Lumbar Spine Pain

Patient reported pain is bilateral. The patient describes his pain as intermittent. Patient says, at its worse his pain is 7/10. Right now he describes his pain as 6/10 on a pain scale of 0-10.

Shoulder Pain

Patient reported pain is on left side. The patient describes his pain as frequent. Patient says, at its worse his pain is 6/10. Right now he describes his pain as 5/10 on a pain scale of 0-10.

Knee Pain

Patient reported pain is on left side. The patient describes his pain as intermittent. Patient says, at its worse his pain is 5/10. Right now he describes his pain as 4/10 on a pain scale of 0-10.

Leg Pain

Patient reported pain is on right side. The patient describes his pain as constant. Patient says, at its worse his pain is 8/10. Right now he describes his pain as 8/10 on a pain scale of 0-10.

Past Medical History

No Known Past Medical History

Surgical History

No Known Surgical History

Allergy

No Known Drug Allergies.

Social History

Use of Drugs/Alcohol/Tobacco: Patient states that he never drinks any alcohol. Current everyday 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.**

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 40 degrees (ROM range 0-50 degrees). No pain noted with anterior neck flexion.** Extension of cervical spine noted to be 60 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 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 pain noted with right lateral flexion.** There are no palpable trigger points in the muscles of the head and neck.

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 60 degrees (ROM range 0-60 degrees). **Anterior lumbar flexion causes pain. Extension of lumbar spine is noted to be 25 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 no pain. Right lateral flexion of the lumbar spine is noted to be 25 degrees (ROM range 0-25 degrees). There is no pain noted with right lateral flexion.

Joints-Shoulder: Right shoulder is non-tender to palpation. 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 distal clavicle with motion.** 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: Right knee is non-tender to palpation. There is no tenderness noted in the anterior knee region. There is no swelling noted in the right knee region. There is no ecchymosis noted on the right knee. No right knee effusion noted. Right knee ROM was tested. Right knee compartment testing is performed. Right knee patellofemoral exam has normal findings. Right Knee Ligament Testing: Normal findings. There is no ligament pain noted in the right knee. Right knee exam observation: consistent with symptoms. Left knee is non-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.

Joints- Ankles: Right ankle is tender to palpation. Medially

Neurology - Sensation: There is decreased sensation noted in the right knee. There is decreased sensation noted in the right ankle.

Peripheral nerve exam: Head: Occipital nerve: right side. Greater and lesser

Peripheral Nerve Exam: Upper Extremities: Suprascapular nerve: left side. Lateral pectoral n

Peripheral Nerve Exam: Foot: Saphenous N: left side.

Pain Management

- Physical Therapy Prescription
- Saphenous Nerve Injection

Outcomes Assessment:

Assessment and Plan

ICD: Ankle sprain (S93.409A)

ICD: Knee sprain (S83.90XA)

ICD: Cervical sprain (S13.9XXA)

ICD: Lumbar sprain (S33.5XXA)

ICD: Sprain of shoulder (S43.409A)

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.

MRI was prescribed for Left Shoulder.

MRI was prescribed for Left Knee.

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

L Saphenous NB

CPT Codes:

Name	Code	Units
Office O/p New Low 30 Min	99203	1
Prolong Service W/o Contact	99358	1
Njx Aa&/strd Other Pn/branch	64450	1
Echo Guide For Biopsy	76942	1

HCPC Codes:

Name	Code	Units
Injection Lidocaine Hcl Intravenous Infus 10 Mg	J2001	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

(01004)-Alcantara Nestor

Date of Birth - 04/04/1974 Sex - Male Marital Status - Single

Address: 192 Vernon Ave #2, Yonker, NY, 10702
Phone #: (914) 306-3085

Social Security# - 000-00-0000

Employer or Company Name: N/A

Address: N/A

Emergency Name:

Work Phone #:

Date of Accident - 08/21/2024

Time/Place Accident - Queens Avenue

Date of Visit - 08/23/2024

Condition Related to : Auto Accident

Insurance Company : StateFarm

Address:

Phone: Fax:

Claim# - 52-72S4-63P

NF-2 - No

Policy Effective Date -

Policy# -

Policy holder -

WCB# -

Carrier case # -

Attorney - Nataliya Borushchak, P.C. Firm Name - Nataliya Borushchak, P.C.

Attorney Address - 2663 Coney Island ave 2Floor Brooklyn NY 11223

Attorney Phone - 212.714.2100 Fax - 212.563.1940

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: NESTOR ALCANTARA

DATE OF BIRTH: 04/04/1974

ID/MRN: 20241113018

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

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.

LEFT KNEE X-Ray - 1-2 view:

Comparison: None

Findings:

No acute fracture or dislocation

No osseous lesion

Joint spaces are arthritic with joint space narrowing, mild with small marginal osteophytes

Soft tissues are unremarkable

No radiopaque foreign bodies.

IMPRESSION:

Mild osteoarthritis.

Electronically Signed By: Palam Annamalai, MD 11/13/2024 23:44:02 EST

Tech: Dynamic Mobile Xray Services LLC



MOBILE EXAM ORDER FORM

PATIENT INFORMATION

NAME Alcantara Nestor STAT STAT
D.O.B. 04/04/74 SS# _____ MALE FEMALE
PATIENT ADDRESS or FACILITY NAME _____ ROOM # _____
CITY _____ STATE _____ ZIP _____ PHONE _____
PRIMARY INSURANCE NAME _____ INSURANCE ID # _____
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- Chest AP / LAT 71046
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- Orbits 4 View 70200
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- Sinuses 70210

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- Sacrum Coccyx 72220

Reason for study: _____

UPPER EXTREMITIES

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- 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 : _____

Ultrasounds (Mark what is needed)

M25.512, M25.562

Vascular Studies (Rule out DVT)

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- Arterial with Ankle-Brachial Index (ABI) 93922

Abdomen

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

Pelvic

- Pelvic ** 76856
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- 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

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CARDIAC STUDIES

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

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

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

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

Claim Number: _____

I, Nestor Alcantara ("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.

Nestor Alcantara
(Print name of Patient)

Nestor Alcantara
(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: *Alison Klevberg* 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

(01000)-Mora Perez Smerlyn

Date of Birth - 02/11/2002 Sex - Male Marital Status - Single

Address: 2280 Olinville Ave, Bronx, NY, 10467

Phone #: (718) 450-0375

Social Security# -

Employer or Company Name: N/A

Address: N/A

Emergency Name:

Work Phone #:

Date of Accident - 08/17/2024

Time/Place Accident - Bruckner Ave & Manor Ave

Date of Visit - 08/21/2024

Condition Related to : Auto Accident

Insurance Company : Integon National Insurance

Address:

Phone: Fax:

Claim# - 9YINY08A07

Claim Address - P.O BOX 9255 Union Vale Ny 11553

NF-2 - Yes

Policy Adjuster - 800-848-1777

Policy Effective Date -

Policy# -

Policy holder -

WCB# -

Carrier case # -

Attorney - Izolda Aliyeva Firm Name - Aliyeva & Associates, PC

Attorney Address - 1610 Sheepshead Bay, Suite 2E Brooklyn, NY 11235

Attorney Phone - 646-818-2482 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: PEREZ SMERYLN MORA

DATE OF BIRTH: 02/11/2002

ID/MRN: 20241113019

CLINICIAN: DR. ROOK, ROBERT

FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC

DATE OF EXAM: 11/13/2024

HISTORY: M79.642-PAIN IN LEFT HAND

LEFT HAND X-Ray - 3 view:

Technique: Left Hand, 3 views

Comparison: None.

Findings: There is no radiographic evidence of acute fracture or dislocation. Carpal, metacarpal bones and digits are intact. There is no widening of the scapholunate interval to suggest ligament tear. The bony mineralization is normal. Soft tissues are unremarkable.

IMPRESSION:

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

Electronically Signed By: Dr. Naiyer Imam M.D. 11/13/2024 22:55:41 EST

Tech: Dynamic Mobile Xray Services LLC

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ID: EC26982448-20241114181536-673692a8adfaa



MOBILE EXAM ORDER FORM

PATIENT INFORMATION

NAME Mona Perez Smeylor STAT STAT D.O.B. 2/11/02 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: _____

179.642

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 DATE 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, Smerlynn Mora ("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
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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.

Smerlynn Mora
(Print name of Patient)

Sly
(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:
Smerlyn	Perez	02-11-2002	Male
Patient Address:		SSN:	
2280 Olinville Ave, Bronx NY 10467			
Attending Provider:	Referring Provider:	Visit Date:	Chart No.:
Jordan Fersel, M.D.		10-21-2024	SCL10726
Insurance Name:	Insurance Subscriber's ID:	Date of Injury:	Claim Id:
Integon	NO NUMBER		
Appointment Location:	Appointment Location Address:	Encounter Type:	
Jordan Fersel MD PC.	3060 E Tremont Ave, Bronx NY 10461	Follow-Up Auto-Accident	

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

Motor Vehicle Accident

Smerlyn Perez is a 22 year old male who was involved in an accident on 08-17-2024. He At the time of accident patient was wearing seatbelt. Patient was a back seat passenger. Patient was in the car. No other people were in the vehicle. multiple passengers he suffered an impact to the right side of the vehicle. The accident occurred while going through an intersection. he suffered no loss of consciousness. This was not the first car accident of the patient. He was not admitted to the ER Patient does not have history of back problems in the past. There was severe damage to the car.

Thoracic Pain

Patient reported pain is bilateral. The patient describes his pain as no pain. Patient says, at its worse his pain is 0/10. Right now he describes his pain as 0/10 on a pain scale of 0-10.

Lumbar Spine Pain

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

Hand Pain

Patient reported pain is on left side. The patient describes his pain as frequent. Patient says, at its worse his pain is 7/10. Right now he describes his pain as 7/10 on a pain scale of 0-10.

Past Medical History

No Known Past Medical History

Surgical History

No Known Surgical History

Current Medication

tizanidine 4 mg tablet 1 At Bedtime

Allergy

No Known Drug Allergies.

Social History

Use of Drugs/Alcohol/Tobacco: Patient states that he never drinks any alcohol. Light tobacco 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 **back pain** and **joint pain**.

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.

Thoracic Spine: There is no evidence of atrophy or asymmetry noted in the thoracic spine. There is no tenderness noted at thoracic paraspinal muscles and 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 no pain. Right lateral flexion of the lumbar spine is noted to be 25 degrees (ROM range 0-25 degrees). There is no pain noted with right lateral flexion.

Joints- Wrists: No crepitus noted over the right wrist joint. Right wrist joint is non-tender to palpation. There is no joint effusion noted in the right wrist. The right wrist joint is stable. ROM of right wrist is noted to be full. There is no crepitus noted over the left wrist joint. **Left wrist is tender to palpation. Ganglion cyst** Left wrist does not show effusion. There is stability noted in the left wrist joint. ROM of left wrist is noted to be full. Dunkan test: Negative. Phalen's sign test: No sign of altered or loss of feeling or strength, or pain in the hand, wrist, arm, or neck noted. Tinel's sign test: Negative. The patient can feel separate touches.

Peripheral Nerve Exam: Upper Extremities: Suprascapular nerve: left side. Lateral Pectoral nerve

Pain Management

- Physical Therapy Prescription

Outcomes Assessment:

Assessment and Plan

ICD: Hand sprain (S63.90XA)

ICD: Bulging of lumbar intervertebral disc (M51.26)

ICD: Lumbar sprain (S33.5XXA)

ICD: Sprain thoracic region (S23.9XXA)

Assessment

Needs L Lateral Pectoral NB

Plan

MRI- L-spine Reviewed with Patient.

MRI- Left Hand Reviewed with Patient.

PM Evaluation LS Spine.

Orthopedic evaluation L Wrist

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): 0

E&M Notes: