

MEDICAL REPORT

Report Date: 01/14/2020

Claim: CLM-AU0118

PATIENT INFORMATION

Name: Robert Jones

DOB: 08/06/1979

SSN: 266-34-5444

Phone: 939-808-9812

Address: 8418 Elm Ln, New York, NY 31941

MEDICAL FACILITY

Facility: City Medical Center

Date of Service: 01/09/2020

Treating Physician: Dr. Taylor

CHIEF COMPLAINT

Patient presents with laceration following motor vehicle accident on 01/09/2020.

DIAGNOSIS

Primary: Laceration

Secondary: Muscle Strain

ICD-10 Codes: S13.4XXA, M62.830

TREATMENT PLAN

Immediate: Surgery

Medications: Ibuprofen 800mg, Cyclobenzaprine 10mg

Follow-up: 2 weeks, Physical therapy 3x weekly for 6 weeks

Restrictions: No heavy lifting, limited driving for 2 weeks

Estimated Recovery: 5 weeks

PROGNOSIS

Good with proper treatment and physical therapy compliance.

Physician: Dr. Martinez, MD

License: 798707

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