

MEDICAL REPORT

Report Date: 12/15/2019

Claim: CLM-AU0168

PATIENT INFORMATION

Name: Sarah Rodriguez

DOB: 05/10/1969

SSN: 342-33-3231

Phone: 347-664-9549

Address: 8221 Maple Ave, Chicago, IL 67169

MEDICAL FACILITY

Facility: Memorial Hospital

Date of Service: 12/15/2019

Treating Physician: Dr. Martinez

CHIEF COMPLAINT

Patient presents with back strain following motor vehicle accident on 12/15/2019.

DIAGNOSIS

Primary: Back Strain

Secondary: Abrasions

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

TREATMENT PLAN

Immediate: Physical Therapy

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: 10 weeks

PROGNOSIS

Fair - may require extended treatment period.

Physician: Dr. Taylor, MD

License: 328898

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