

MEDICAL REPORT

Report Date: 10/03/2019

Claim: CLM-AU0205

PATIENT INFORMATION

Name: Robert Anderson

DOB: 05/02/1959

SSN: 156-52-5167

Phone: 563-634-9390

Address: 7046 Pine Blvd, Houston, TX 81895

MEDICAL FACILITY

Facility: Regional Emergency Care

Date of Service: 10/03/2019

Treating Physician: Dr. Garcia

CHIEF COMPLAINT

Patient presents with whiplash following motor vehicle accident on 10/03/2019.

DIAGNOSIS

Primary: Whiplash

Secondary: Abrasions

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

TREATMENT PLAN

Immediate: Emergency Room

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

Fair - may require extended treatment period.

Physician: Dr. Lopez, MD

License: 213166

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