

MEDICAL REPORT

Report Date: 08/11/2019

Claim: CLM-HO0009

PATIENT INFORMATION

Name: Susan Anderson

DOB: 06/18/1977

SSN: 868-39-1059

Phone: 244-608-1163

Address: 6565 Maple Blvd, Atlanta, GA 27365

MEDICAL FACILITY

Facility: City Medical Center

Date of Service: 08/11/2019

Treating Physician: Dr. Garcia

CHIEF COMPLAINT

Patient presents with whiplash following motor vehicle accident on 08/11/2019.

DIAGNOSIS

Primary: Whiplash

Secondary: Soft Tissue Damage

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

TREATMENT PLAN

Immediate: Urgent Care

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: 11 weeks

PROGNOSIS

Good with proper treatment and physical therapy compliance.

Physician: Dr. Lopez, MD

License: 549163

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