

MEDICAL REPORT

Report Date: 01/03/2020

Claim: CLM-AU0070

PATIENT INFORMATION

Name: Christopher Jones

DOB: 11/25/1976

SSN: 922-24-1273

Phone: 386-587-6428

Address: 8214 Oak St, Los Angeles, CA 25742

MEDICAL FACILITY

Facility: City Medical Center

Date of Service: 01/02/2020

Treating Physician: Dr. Hernandez

CHIEF COMPLAINT

Patient presents with back strain following motor vehicle accident on 01/02/2020.

DIAGNOSIS

Primary: Back Strain

Secondary: Muscle Strain

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: 6 weeks

PROGNOSIS

Excellent if patient follows prescribed treatment plan.

Physician: Dr. Wilson, MD

License: 609270

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