

MEDICAL REPORT

Report Date: 09/05/2019

Claim: CLM-AU0192

PATIENT INFORMATION

Name: Thomas Smith
SSN: 744-87-9512
Address: 780 Main Ct, Atlanta, GA 12625

DOB: 12/25/1976
Phone: 351-835-6755

MEDICAL FACILITY

Facility: Memorial Hospital
Date of Service: 09/02/2019

Treating Physician: Dr. Taylor

CHIEF COMPLAINT

Patient presents with back strain following motor vehicle accident on 09/02/2019.

DIAGNOSIS

Primary: Back Strain
Secondary: Muscle Strain
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: 4 weeks

PROGNOSIS

Fair - may require extended treatment period.

Physician: Dr. Johnson, MD
License: 234821
Date: 09/05/2019