

MEDICAL REPORT

Report Date: 08/17/2019

Claim: CLM-HO0240

PATIENT INFORMATION

Name: Susan Miller
SSN: 460-24-9227
DOB: 12/23/1991
Phone: 205-274-5661
Address: 4315 Washington Blvd, Chicago, IL 10739

MEDICAL FACILITY

Facility: Memorial Hospital
Date of Service: 08/15/2019
Treating Physician: Dr. Garcia

CHIEF COMPLAINT

Patient presents with concussion following motor vehicle accident on 08/15/2019.

DIAGNOSIS

Primary: Concussion
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: 8 weeks

PROGNOSIS

Good with proper treatment and physical therapy compliance.

Physician: Dr. Moore, MD
License: 928099
Date: 08/17/2019