

MEDICAL REPORT

Report Date: 12/15/2019

Claim: CLM-AU0168

PATIENT INFORMATION

Name: Sarah Rodriguez
SSN: 342-33-3231
Address: 8221 Maple Ave, Chicago, IL 67169

DOB: 05/10/1969
Phone: 347-664-9549

MEDICAL FACILITY

Facility: Memorial Hospital
Date of Service: 12/15/2019

Treating Physician: Dr. Martinez

CHIEF COMPLAINT

Patient presents with back strain following motor vehicle accident on 12/15/2019.

DIAGNOSIS

Primary: Back Strain
Secondary: Abrasions
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: 10 weeks

PROGNOSIS

Fair - may require extended treatment period.

Physician: Dr. Taylor, MD
License: 328898
Date: 12/15/2019