

MEDICAL REPORT

Report Date: 08/06/2019

Claim: CLM-HO0144

PATIENT INFORMATION

Name: Robert Miller
SSN: 626-61-4974
Address: 2542 Maple Ln, Dallas, TX 88800

DOB: 10/27/1995
Phone: 867-796-2206

MEDICAL FACILITY

Facility: County General Medical Center
Date of Service: 08/02/2019

Treating Physician: Dr. Jackson

CHIEF COMPLAINT

Patient presents with whiplash following motor vehicle accident on 08/02/2019.

DIAGNOSIS

Primary: Whiplash
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: 9 weeks

PROGNOSIS

Good with proper treatment and physical therapy compliance.

Physician: Dr. Lopez, MD
License: 990430
Date: 08/06/2019