

# MEDICAL REPORT

Report Date: 08/23/2019

Claim: CLM-AU0066

## PATIENT INFORMATION

Name: Thomas Hernandez  
SSN: 872-59-8109  
Address: 6520 Washington Dr, Houston, TX 59757  
DOB: 02/12/1980  
Phone: 213-551-7350

## MEDICAL FACILITY

Facility: City Medical Center  
Date of Service: 08/18/2019  
Treating Physician: Dr. Rodriguez

## CHIEF COMPLAINT

Patient presents with fractured rib following motor vehicle accident on 08/18/2019.

## DIAGNOSIS

Primary: Fractured Rib  
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: 11 weeks

## PROGNOSIS

Fair - may require extended treatment period.

Physician: Dr. Miller, MD  
License: 312930  
Date: 08/23/2019