

MEDICAL REPORT

Report Date: 08/23/2019

Claim: CLM-AU0066

PATIENT INFORMATION

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

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