

MEDICAL REPORT

Report Date: 11/15/2019

Claim: CLM-AU0160

PATIENT INFORMATION

Name: Barbara Miller

DOB: 12/09/1950

SSN: 135-21-1492

Phone: 346-936-2937

Address: 2786 Washington Ct, Miami, FL 48120

MEDICAL FACILITY

Facility: City Medical Center

Date of Service: 11/12/2019

Treating Physician: Dr. Davis

CHIEF COMPLAINT

Patient presents with concussion following motor vehicle accident on 11/12/2019.

DIAGNOSIS

Primary: Concussion

Secondary: Muscle Strain

ICD-10 Codes: S13.4XXA, M62.830

TREATMENT PLAN

Immediate: Orthopedic Specialist

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

Fair - may require extended treatment period.

Physician: Dr. Garcia, MD

License: 213282

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