

MEDICAL REPORT

Report Date: 08/21/2019

Claim: CLM-HO0178

PATIENT INFORMATION

Name: Karen Hernandez
SSN: 250-93-4296
Address: 6279 Main Ct, Los Angeles, CA 35200

DOB: 09/13/1984
Phone: 738-864-2188

MEDICAL FACILITY

Facility: Memorial Hospital
Date of Service: 08/21/2019

Treating Physician: Dr. Johnson

CHIEF COMPLAINT

Patient presents with back strain following motor vehicle accident on 08/21/2019.

DIAGNOSIS

Primary: Back Strain
Secondary: Abrasions
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: 7 weeks

PROGNOSIS

Excellent if patient follows prescribed treatment plan.

Physician: Dr. Martinez, MD
License: 987061
Date: 08/21/2019