

# MEDICAL REPORT

Report Date: 01/01/2020

Claim: CLM-AU0054

## PATIENT INFORMATION

Name: Thomas Williams

DOB: 02/11/1961

SSN: 920-94-6697

Phone: 372-843-2696

Address: 8050 Oak Dr, Los Angeles, CA 43653

## MEDICAL FACILITY

Facility: City Medical Center

Date of Service: 12/29/2019

Treating Physician: Dr. Martinez

## CHIEF COMPLAINT

Patient presents with whiplash following motor vehicle accident on 12/29/2019.

## DIAGNOSIS

Primary: Whiplash

Secondary: Soft Tissue Damage

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: 10 weeks

## PROGNOSIS

Fair - may require extended treatment period.

Physician: Dr. Lopez, MD

License: 376320

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