

MEDICAL REPORT

Report Date: 12/01/2019

Claim: CLM-AU0128

PATIENT INFORMATION

Name: Patricia Williams
SSN: 527-90-8133
Address: 1104 Maple St, Miami, FL 31018

DOB: 08/17/1987
Phone: 942-889-4976

MEDICAL FACILITY

Facility: Memorial Hospital
Date of Service: 12/01/2019

Treating Physician: Dr. Williams

CHIEF COMPLAINT

Patient presents with concussion following motor vehicle accident on 12/01/2019.

DIAGNOSIS

Primary: Concussion
Secondary: Soft Tissue Damage
ICD-10 Codes: S13.4XXA, M62.830

TREATMENT PLAN

Immediate: Surgery
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: 9 weeks

PROGNOSIS

Fair - may require extended treatment period.

Physician: Dr. Anderson, MD
License: 835763
Date: 12/01/2019