

MEDICAL REPORT

Report Date: 08/11/2019

Claim: CLM-HO0009

PATIENT INFORMATION

Name: Susan Anderson
SSN: 868-39-1059
DOB: 06/18/1977
Address: 6565 Maple Blvd, Atlanta, GA 27365
Phone: 244-608-1163

MEDICAL FACILITY

Facility: City Medical Center
Date of Service: 08/11/2019
Treating Physician: Dr. Garcia

CHIEF COMPLAINT

Patient presents with whiplash following motor vehicle accident on 08/11/2019.

DIAGNOSIS

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

TREATMENT PLAN

Immediate: Urgent Care
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

Good with proper treatment and physical therapy compliance.

Physician: Dr. Lopez, MD
License: 549163
Date: 08/11/2019