

MEDICAL REPORT

Report Date: 08/09/2019

Claim: CLM-HO0147

PATIENT INFORMATION

Name: Sarah Rodriguez

DOB: 06/25/1980

SSN: 134-48-2561

Phone: 386-706-7636

Address: 7631 Cedar Ct, Chicago, IL 94822

MEDICAL FACILITY

Facility: Regional Emergency Care

Date of Service: 08/04/2019

Treating Physician: Dr. Jackson

CHIEF COMPLAINT

Patient presents with whiplash following motor vehicle accident on 08/04/2019.

DIAGNOSIS

Primary: Whiplash

Secondary: Soft Tissue Damage

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

TREATMENT PLAN

Immediate: Physical Therapy

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: 6 weeks

PROGNOSIS

Good with proper treatment and physical therapy compliance.

Physician: Dr. Wilson, MD

License: 882286

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