

MEDICAL REPORT

Report Date: 09/15/2019

Claim: CLM-AU0081

PATIENT INFORMATION

Name: Robert Wilson

DOB: 09/13/1958

SSN: 208-81-5438

Phone: 896-947-6351

Address: 3667 Main St, Dallas, TX 37670

MEDICAL FACILITY

Facility: Regional Emergency Care

Date of Service: 09/11/2019

Treating Physician: Dr. Martin

CHIEF COMPLAINT

Patient presents with fractured rib following motor vehicle accident on 09/11/2019.

DIAGNOSIS

Primary: Fractured Rib

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: 5 weeks

PROGNOSIS

Excellent if patient follows prescribed treatment plan.

Physician: Dr. Jones, MD

License: 198569

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