

# MEDICAL REPORT

Report Date: 11/21/2019

Claim: CLM-AU0002

## PATIENT INFORMATION

Name: James Miller

DOB: 06/28/1988

SSN: 183-19-3763

Phone: 809-408-8584

Address: 7895 Main Ave, New York, NY 55328

## MEDICAL FACILITY

Facility: City Medical Center

Date of Service: 11/17/2019

Treating Physician: Dr. Jones

## CHIEF COMPLAINT

Patient presents with laceration following motor vehicle accident on 11/17/2019.

## DIAGNOSIS

Primary: Laceration

Secondary: Muscle Strain

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: 9 weeks

## PROGNOSIS

Fair - may require extended treatment period.

Physician: Dr. Garcia, MD

License: 191214

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