

MEDICAL REPORT

Report Date: 11/21/2019

Claim: CLM-AU0002

PATIENT INFORMATION

Name: James Miller
SSN: 183-19-3763
DOB: 06/28/1988
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
Date: 11/21/2019