

# MEDICAL REPORT

Report Date: 12/21/2019

Claim: CLM-HO0025

## PATIENT INFORMATION

Name: William Smith  
SSN: 966-64-8357  
Address: 6341 Pine St, Houston, TX 10931

DOB: 06/14/1975  
Phone: 927-218-4554

## MEDICAL FACILITY

Facility: Memorial Hospital  
Date of Service: 12/16/2019

Treating Physician: Dr. Miller

## CHIEF COMPLAINT

Patient presents with back strain following motor vehicle accident on 12/16/2019.

## DIAGNOSIS

Primary: Back Strain  
Secondary: Muscle Strain  
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: 10 weeks

## PROGNOSIS

Excellent if patient follows prescribed treatment plan.

Physician: Dr. Moore, MD  
License: 301291  
Date: 12/21/2019