

MEDICAL REPORT

Report Date: 09/13/2019

Claim: CLM-HO0142

PATIENT INFORMATION

Name: James Anderson

DOB: 06/18/1967

SSN: 826-62-7452

Phone: 888-424-9091

Address: 813 Cedar Blvd, Chicago, IL 61985

MEDICAL FACILITY

Facility: Regional Emergency Care

Date of Service: 09/13/2019

Treating Physician: Dr. Moore

CHIEF COMPLAINT

Patient presents with back strain following motor vehicle accident on 09/13/2019.

DIAGNOSIS

Primary: Back Strain

Secondary: Muscle Strain

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

TREATMENT PLAN

Immediate: Urgent Care

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

Excellent if patient follows prescribed treatment plan.

Physician: Dr. Hernandez, MD

License: 342282

Date: 09/13/2019