

MEDICAL REPORT

Report Date: 10/03/2019

Claim: CLM-AU0205

PATIENT INFORMATION

Name: Robert Anderson
SSN: 156-52-5167
Address: 7046 Pine Blvd, Houston, TX 81895

DOB: 05/02/1959
Phone: 563-634-9390

MEDICAL FACILITY

Facility: Regional Emergency Care
Date of Service: 10/03/2019

Treating Physician: Dr. Garcia

CHIEF COMPLAINT

Patient presents with whiplash following motor vehicle accident on 10/03/2019.

DIAGNOSIS

Primary: Whiplash
Secondary: Abrasions
ICD-10 Codes: S13.4XXA, M62.830

TREATMENT PLAN

Immediate: Emergency Room
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

Fair - may require extended treatment period.

Physician: Dr. Lopez, MD
License: 213166
Date: 10/03/2019