

MEDICAL REPORT

Report Date: 10/24/2019

Claim: CLM-AU0233

PATIENT INFORMATION

Name: Elizabeth Anderson
SSN: 606-26-9089
Address: 2425 Main Dr, New York, NY 41532
DOB: 02/07/1965
Phone: 454-958-6632

MEDICAL FACILITY

Facility: Regional Emergency Care
Date of Service: 10/19/2019
Treating Physician: Dr. Brown

CHIEF COMPLAINT

Patient presents with whiplash following motor vehicle accident on 10/19/2019.

DIAGNOSIS

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

TREATMENT PLAN

Immediate: Physical Therapy
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: 4 weeks

PROGNOSIS

Good with proper treatment and physical therapy compliance.

Physician: Dr. Rodriguez, MD
License: 183697
Date: 10/24/2019