

MEDICAL REPORT

Report Date: 09/13/2019

Claim: CLM-HO0142

PATIENT INFORMATION

Name: James Anderson
SSN: 826-62-7452
Address: 813 Cedar Blvd, Chicago, IL 61985

DOB: 06/18/1967
Phone: 888-424-9091

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