

MEDICAL REPORT

Report Date: 01/14/2020

Claim: CLM-AU0118

PATIENT INFORMATION

Name: Robert Jones
SSN: 266-34-5444
Address: 8418 Elm Ln, New York, NY 31941

DOB: 08/06/1979
Phone: 939-808-9812

MEDICAL FACILITY

Facility: City Medical Center
Date of Service: 01/09/2020

Treating Physician: Dr. Taylor

CHIEF COMPLAINT

Patient presents with laceration following motor vehicle accident on 01/09/2020.

DIAGNOSIS

Primary: Laceration
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: 5 weeks

PROGNOSIS

Good with proper treatment and physical therapy compliance.

Physician: Dr. Martinez, MD
License: 798707
Date: 01/14/2020