

# MEDICAL REPORT

Report Date: 12/11/2019

Claim: CLM-AU0230

## PATIENT INFORMATION

Name: William Anderson

DOB: 11/09/1984

SSN: 613-63-3049

Phone: 751-207-2200

Address: 2146 Elm Ave, Houston, TX 91547

## MEDICAL FACILITY

Facility: Memorial Hospital

Date of Service: 12/06/2019

Treating Physician: Dr. Garcia

## CHIEF COMPLAINT

Patient presents with fractured rib following motor vehicle accident on 12/06/2019.

## DIAGNOSIS

Primary: Fractured Rib

Secondary: Contusions

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: 10 weeks

## PROGNOSIS

Good with proper treatment and physical therapy compliance.

Physician: Dr. Martin, MD

License: 853993

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