

# MEDICAL REPORT

Report Date: 01/11/2020

Claim: CLM-AU0131

## PATIENT INFORMATION

Name: William Williams  
SSN: 899-76-5399  
Address: 841 Main Blvd, New York, NY 64077

DOB: 07/26/1967  
Phone: 439-314-8292

## MEDICAL FACILITY

Facility: Memorial Hospital  
Date of Service: 01/08/2020

Treating Physician: Dr. Smith

## CHIEF COMPLAINT

Patient presents with back strain following motor vehicle accident on 01/08/2020.

## DIAGNOSIS

Primary: Back Strain  
Secondary: Contusions  
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: 4 weeks

## PROGNOSIS

Good with proper treatment and physical therapy compliance.

Physician: Dr. Hernandez, MD  
License: 167583  
Date: 01/11/2020