

MEDICAL REPORT

Report Date: 10/05/2019

Claim: CLM-AU0121

PATIENT INFORMATION

Name: Joseph Rodriguez
SSN: 792-41-5653
Address: 9861 Washington Dr, Chicago, IL 27003

DOB: 12/04/1974
Phone: 798-912-2972

MEDICAL FACILITY

Facility: Memorial Hospital
Date of Service: 10/04/2019
Treating Physician: Dr. Hernandez

CHIEF COMPLAINT

Patient presents with whiplash following motor vehicle accident on 10/04/2019.

DIAGNOSIS

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

TREATMENT PLAN

Immediate: Orthopedic Specialist
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

Fair - may require extended treatment period.

Physician: Dr. Williams, MD
License: 379085
Date: 10/05/2019