

MEDICAL REPORT

Report Date: 09/05/2019

Claim: CLM-AU0192

PATIENT INFORMATION

Name: Thomas Smith

DOB: 12/25/1976

SSN: 744-87-9512

Phone: 351-835-6755

Address: 780 Main Ct, Atlanta, GA 12625

MEDICAL FACILITY

Facility: Memorial Hospital

Date of Service: 09/02/2019

Treating Physician: Dr. Taylor

CHIEF COMPLAINT

Patient presents with back strain following motor vehicle accident on 09/02/2019.

DIAGNOSIS

Primary: Back Strain

Secondary: Muscle Strain

ICD-10 Codes: S13.4XXA, M62.830

TREATMENT PLAN

Immediate: Physical Therapy

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

Fair - may require extended treatment period.

Physician: Dr. Johnson, MD

License: 234821

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