

MEDICAL REPORT

Report Date: 12/11/2019

Claim: CLM-AU0230

PATIENT INFORMATION

Name: William Anderson
SSN: 613-63-3049
Address: 2146 Elm Ave, Houston, TX 91547

DOB: 11/09/1984
Phone: 751-207-2200

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
Date: 12/11/2019