

MEDICAL REPORT

Report Date: 07/25/2019

Claim: CLM-AU0048

PATIENT INFORMATION

Name: Susan Williams
SSN: 483-91-2500
Address: 5103 Pine Ave, Atlanta, GA 32293

DOB: 03/02/1962
Phone: 371-654-8088

MEDICAL FACILITY

Facility: Regional Emergency Care
Date of Service: 07/20/2019

Treating Physician: Dr. Jones

CHIEF COMPLAINT

Patient presents with concussion following motor vehicle accident on 07/20/2019.

DIAGNOSIS

Primary: Concussion
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: 11 weeks

PROGNOSIS

Good with proper treatment and physical therapy compliance.

Physician: Dr. Davis, MD
License: 826167
Date: 07/25/2019