

MEDICAL REPORT

Report Date: 12/15/2019

Claim: CLM-AU0152

PATIENT INFORMATION

Name: William Davis

DOB: 05/18/1963

SSN: 537-10-9877

Phone: 663-668-9718

Address: 2955 Cedar Ct, Los Angeles, CA 96691

MEDICAL FACILITY

Facility: City Medical Center

Date of Service: 12/10/2019

Treating Physician: Dr. Martinez

CHIEF COMPLAINT

Patient presents with soft tissue injury following motor vehicle accident on 12/10/2019.

DIAGNOSIS

Primary: Soft Tissue Injury

Secondary: Soft Tissue Damage

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: 4 weeks

PROGNOSIS

Excellent if patient follows prescribed treatment plan.

Physician: Dr. Gonzalez, MD

License: 327861

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