

MEDICAL REPORT

Report Date: 11/15/2019

Claim: CLM-AU0126

PATIENT INFORMATION

Name: Thomas Moore

DOB: 02/13/1991

SSN: 352-76-8156

Phone: 444-763-3147

Address: 5306 Maple Ln, Dallas, TX 22179

MEDICAL FACILITY

Facility: Memorial Hospital

Date of Service: 11/14/2019

Treating Physician: Dr. Jones

CHIEF COMPLAINT

Patient presents with back strain following motor vehicle accident on 11/14/2019.

DIAGNOSIS

Primary: Back Strain

Secondary: Abrasions

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

Fair - may require extended treatment period.

Physician: Dr. Hernandez, MD

License: 494898

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