

# MEDICAL REPORT

Report Date: 11/22/2019

Claim: CLM-HO0212

## PATIENT INFORMATION

Name: Christopher Rodriguez

DOB: 08/12/1962

SSN: 915-52-2779

Phone: 570-225-7715

Address: 9449 Washington Dr, New York, NY 43899

## MEDICAL FACILITY

Facility: Memorial Hospital

Date of Service: 11/21/2019

Treating Physician: Dr. Anderson

## CHIEF COMPLAINT

Patient presents with fractured rib following motor vehicle accident on 11/21/2019.

## DIAGNOSIS

Primary: Fractured Rib

Secondary: Abrasions

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: 9 weeks

## PROGNOSIS

Fair - may require extended treatment period.

Physician: Dr. Davis, MD

License: 399324

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