

MEDICAL REPORT

Report Date: 11/15/2019

Claim: CLM-AU0160

PATIENT INFORMATION

Name: Barbara Miller
SSN: 135-21-1492
Address: 2786 Washington Ct, Miami, FL 48120

DOB: 12/09/1950
Phone: 346-936-2937

MEDICAL FACILITY

Facility: City Medical Center
Date of Service: 11/12/2019

Treating Physician: Dr. Davis

CHIEF COMPLAINT

Patient presents with concussion following motor vehicle accident on 11/12/2019.

DIAGNOSIS

Primary: Concussion
Secondary: Muscle Strain
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: 8 weeks

PROGNOSIS

Fair - may require extended treatment period.

Physician: Dr. Garcia, MD
License: 213282
Date: 11/15/2019