

# MEDICAL REPORT

Report Date: 07/25/2019

Claim: CLM-AU0048

## PATIENT INFORMATION

Name: Susan Williams

DOB: 03/02/1962

SSN: 483-91-2500

Phone: 371-654-8088

Address: 5103 Pine Ave, Atlanta, GA 32293

## 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

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