

MEDICAL REPORT

Report Date: 12/21/2019

Claim: CLM-HO0025

PATIENT INFORMATION

Name: William Smith

DOB: 06/14/1975

SSN: 966-64-8357

Phone: 927-218-4554

Address: 6341 Pine St, Houston, TX 10931

MEDICAL FACILITY

Facility: Memorial Hospital

Date of Service: 12/16/2019

Treating Physician: Dr. Miller

CHIEF COMPLAINT

Patient presents with back strain following motor vehicle accident on 12/16/2019.

DIAGNOSIS

Primary: Back Strain

Secondary: Muscle Strain

ICD-10 Codes: S13.4XXA, M62.830

TREATMENT PLAN

Immediate: Surgery

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

Excellent if patient follows prescribed treatment plan.

Physician: Dr. Moore, MD

License: 301291

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