

MEDICAL REPORT

Report Date: 10/15/2019

Claim: CLM-AU0076

PATIENT INFORMATION

Name: William Wilson

DOB: 08/21/1953

SSN: 855-97-6795

Phone: 230-660-6590

Address: 5350 Main Ct, Atlanta, GA 63989

MEDICAL FACILITY

Facility: City Medical Center

Date of Service: 10/12/2019

Treating Physician: Dr. Lopez

CHIEF COMPLAINT

Patient presents with whiplash following motor vehicle accident on 10/12/2019.

DIAGNOSIS

Primary: Whiplash

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: 8 weeks

PROGNOSIS

Good with proper treatment and physical therapy compliance.

Physician: Dr. Rodriguez, MD

License: 146942

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