

MEDICAL REPORT

Report Date: 11/24/2019

Claim: CLM-HO0039

PATIENT INFORMATION

Name: Robert Williams

DOB: 01/05/1984

SSN: 958-19-1243

Phone: 361-761-7370

Address: 2500 Maple Ln, Phoenix, AZ 73237

MEDICAL FACILITY

Facility: City Medical Center

Date of Service: 11/24/2019

Treating Physician: Dr. Miller

CHIEF COMPLAINT

Patient presents with laceration following motor vehicle accident on 11/24/2019.

DIAGNOSIS

Primary: Laceration

Secondary: Contusions

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

TREATMENT PLAN

Immediate: Emergency Room

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

Fair - may require extended treatment period.

Physician: Dr. Davis, MD

License: 467445

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