

MEDICAL REPORT

Report Date: 08/20/2019

Claim: CLM-AU0151

PATIENT INFORMATION

Name: James Hernandez
SSN: 422-82-4940
Address: 7249 Washington Ct, Los Angeles, CA 58533
DOB: 02/24/1970
Phone: 872-640-8616

MEDICAL FACILITY

Facility: Regional Emergency Care
Date of Service: 08/18/2019
Treating Physician: Dr. Moore

CHIEF COMPLAINT

Patient presents with back strain following motor vehicle accident on 08/18/2019.

DIAGNOSIS

Primary: Back Strain
Secondary: Muscle Strain
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: 5 weeks

PROGNOSIS

Excellent if patient follows prescribed treatment plan.

Physician: Dr. Johnson, MD
License: 313993
Date: 08/20/2019