

Medical Report

Patient Name: [Victim's Name]

Date of Birth: [DOB]

Patient ID: [Patient ID]

Date of Examination: 13-08-2024

Referring Physician: Dr. [Referring Physician's Name]

Location: [Hospital/Clinic Name]

Report Number: [Report Number]

Summary of Incident:

The patient was brought to the emergency department following an alleged assault on 12-08-2024. The patient reports being struck multiple times and fell to the ground, resulting in injuries.

Physical Examination:

- General Appearance: Patient appears distressed and in moderate pain.
 - Vital Signs:
 - Blood Pressure: [BP]
 - Heart Rate: [HR]
 - Respiratory Rate: [RR]
 - Injuries Documented:
 - Head:
 - Contusion on the right temple (5 cm x 3 cm)
 - Mild swelling
 - Face:
 - Bruising under the left eye (2 cm x 1 cm)
 - Upper Extremities:
 - Multiple abrasions on both arms
 - Lower Extremities:
 - Bruising on the right thigh (6 cm x 4 cm)
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Diagnostic Tests:

- CT Scan of the Head: No fractures detected, mild concussion observed.
- X-Ray of the right arm: No fractures, soft tissue swelling noted.

Treatment Provided:

- Pain management: [Medications prescribed]
- Ice packs applied to reduce swelling.
- Recommended follow-up appointment in one week.

Prognosis:

The patient is expected to recover with appropriate treatment. Follow-up is essential to monitor concussion symptoms.

Physician's Signature:

Dr. [Physician's Name]

[Medical License Number]

[Contact Information]