

Medical Summary Report

SECTION 1: PATIENT PARTICULARS

Full Name of Patient: Mr. Tom Brown

Insurance ID: INS-789012

Age of Patient: 45 years

Gender: Male

Weight: 78 kilograms

SECTION 2: ATTENDING PHYSICIAN DETAILS

Full Name of Doctor: Dr. Lee

MCR Number: [To be completed]

Hospital/Clinic: [Name & Address to be provided]

Doctor's Qualifications: [To be completed]

Doctor-Patient Relationship:

I am the attending physician for Mr. Tom Brown. He was seen and assessed specifically for complaints related to persistent knee pain. I have not provided regular care for Mr. Brown prior to this visit.

SECTION 3: CLINICAL INFORMATION AND HISTORY

Mr. Tom Brown is a 45-year-old male who presented to my clinic complaining of pain in his right knee. He reported that the pain had a gradual onset over the past three months and had progressively worsened, limiting his mobility and daily activities. The pain was associated with mild swelling around the knee joint but no locking or giving way.

Mr. Brown's past medical history is significant for osteoarthritis for which he has been self-medicating with Paracetamol as needed. He has no prior surgical history and does not report any known drug or food allergies.

On physical examination, his vital signs were stable: his blood pressure was recorded at 125/80 mmHg, heart rate was 80 beats per minute, and his body temperature was 36.6°C. Examination of the right knee revealed mild joint line tenderness and swelling.

To investigate a suspected internal derangement, a diagnostic knee arthroscopy was performed by myself on 01 June 2024. The procedure confirmed the presence of a meniscal tear. A plain X-ray of the knee done on the same day showed mild joint space narrowing consistent with early degenerative changes.

Final Diagnosis: Meniscal tear (ICD-10 Code: S83.2)

Treatment:

Mr. Brown underwent a knee arthroscopy and has been advised to follow a structured physiotherapy rehabilitation program to restore joint function and strength. He has been counselled on activity modification and the need for regular follow-up.

SECTION 4: DECLARATION AND SIGNATURE

I hereby certify that this report is true and accurate to the best of my knowledge and intended solely for medical documentation and insurance purposes.

Attending Physician: Dr. Lee

Date of Report: 02 June 2024

Signature (Digital): LEE2024SIG