



PRESCRIPTION ISSUED

Ref: N/A

Date: 29 June 2026

PATIENT DETAILS

|           |             |
|-----------|-------------|
| Full name | Ife Adebayo |
| Gender    | —           |
| Age       | —           |
| Email     | —           |

DOCTOR DETAILS

|             |           |
|-------------|-----------|
| Full name   | None None |
| Specialty   | —         |
| Licence no. | —         |
| Contact     | —         |

CONSULTATION DETAILS

|                   |                  |
|-------------------|------------------|
| Consultation ID   | —                |
| Request date      | 2026-06-29       |
| Consultation date | 2026-06-29       |
| Duration          | —                |
| Consultation type | Talk to a doctor |
| Doctor specialty  | —                |
| Consultation fee  | —                |

DIAGNOSIS

Further medical review is recommended.

PRESCRIPTION / TREATMENT NOTES

**Rx** 1. Take 1 tablet of Paracetamol every 8 hours for 5 days.  
2. Drink plenty of water.

DOCTOR'S NOTES & FOLLOW-UP

Please follow the prescribed treatment and book a follow-up if symptoms persist.