



Ref: 58f14ebd-3fa

Date: 10 May 2026

PATIENT DETAILS

| | |
|-----------|---------------------------------|
| Full name | Mike Labtraca1 |
| Gender | female |
| Age | 0 |
| Email | labtracadiagnostics+5@gmail.com |

DOCTOR DETAILS

| | |
|-------------|-------------------|
| Full name | mike labtraca doc |
| Specialty | Oncology |
| Licence no. | DOC-CA59B892 |
| Contact | 08077226655 |

CONSULTATION DETAILS

| | |
|-------------------|------------------|
| Consultation ID | 58f14ebd-3fa |
| Request date | 10 May 2026 |
| Consultation date | 2026-05-10 |
| Duration | 30 minutes |
| Consultation type | Talk to a doctor |
| Doctor specialty | Oncology |
| Consultation fee | ₦900.00 |

DIAGNOSIS

Diagnosis Hh

PRESCRIPTION / TREATMENT NOTES

Rx

- Antibiotics
- Anti-malaria

DOCTOR'S NOTES & FOLLOW-UP

Take water daily