



Ref: N/A

Date: 19 April 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	2026-04-19
Consultation date	2026-04-19
Duration	—
Consultation type	Talk to a doctor
Doctor specialty	—
Consultation fee	—

DIAGNOSIS

Diagnosis	Further medical review is recommended.
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PRESCRIPTION / TREATMENT NOTES

Rx

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

DOCTOR'S NOTES & FOLLOW-UP

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