



Ref: RVW-A26DED598301

Review date: 7 May 2026

**PATIENT DETAILS**

Full name **Test Patient**  
Gender **Male**  
Age **32**  
Address **None, None, None**

ifeoluwa.adebayo2003@gmail.com

**REVIEWER DETAILS**

Full name **Dr. Amaka Dike**  
Designation **Consultant  
General Practice**  
Licence no. **DOC/2026/00001**  
Contact **08098765432**

**LAB / FACILITY**

Lab name **Test Facility**  
Lab type **Diagnostic  
Laboratory**  
Address **15 Test Avenue,  
Lagos**  
Phone **08000000000**

**REVIEW REQUEST DETAILS**

Review ID **RVW-A26DED598301**  
Request date **07 May 2026**  
Review date **07 May 2026**  
Review type **Doctor**  
Review specialty **General Practice**  
Review fee **₦15,000.00**

**SUBMITTED LAB RESULTS**

Test name	Lab facility	Result	Reference range Flag
<b>Vitamin D</b>	Test Facility	<b>Normal</b>	30 - 100 ng/mL <b>NORMAL</b>

**REVIEWER'S CLINICAL OPINION**

**Dx**

Patient in good health. Continue current lifestyle.

**PRESCRIPTION / TREATMENT NOTES**

**Rx**

1. Take 1 tablet of Vitamin D daily for 3 months
2. Increase water intake to 2 liters per day
3. Return for follow-up in 4 weeks