



**PATIENT DETAILS**

Full name	<b>Test Patient</b>
Gender	<b>Male</b>
Age	<b>32</b>
Address	<b>None, None, None</b>
Email	<b>ifeoluwa.adebayo2003@gmail.com</b>

**REVIEWER DETAILS**

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

**LAB / FACILITY**

Lab name	<b>Test Facility</b>
Lab type	<b>Diagnostic Laboratory</b>
Address	<b>15 Test Avenue, Lagos</b>
Phone	<b>08000000000</b>

**REVIEW REQUEST DETAILS**

Review ID	RVW-CDAC67542798
Request date	7 May 2026
Review date	7 May 2026
Review type	Doctor
Review specialty	<b>General Practice</b>
Review fee	<b>#15,000.00</b>

**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