



BMI PRESCRIPTION REPORT

HealthCare Clinic & Wellness Center

Certified Health Assessment Services | Reg. No: BMI-HC-2024

Prescription ID: INV-1-11-20251222210445 **Date:** 2025-12-22 21:04:45 **Patient ID:** 1

PATIENT DETAILS

Patient Name: Tarun B K

HEIGHT	WEIGHT
230.0 cm	170.0 kg

BMI VALUE	CATEGORY
32.14	OBESE

CLINICAL NOTES & REMARKS

Immediate medical consultation required. Comprehensive weight management program recommended. Regular monitoring and lifestyle modification essential.

ASSESSMENT CHARGES	Amount (₹)
Consultation & Evaluation	₹500.00
BMI Assessment & Analysis	₹300.00
Health Report & Recommendations	₹200.00

TOTAL ASSESSMENT FEE	₹1000.00
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PAYMENT TERMS & CONDITIONS

- **Payment Due:** Due within 30 days
- This assessment is for informational and health guidance purposes only
- Not a substitute for professional medical diagnosis or treatment
- Consult physician for medical concerns or health decisions

Certified Health Assessment | HealthCare Clinic & Wellness Center | Authorized by Ministry of Health

This prescription is generated electronically and is valid without a signature