

# TC BMI PRESCRIPTION REPORT

HealthCare Clinic & Wellness Center

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

Prescription ID: INV-1-40-20251225124602

Date: 2025-12-25 12:46:02

Patient ID: 1

## PATIENT DETAILS

Patient Name: Tarun B K

HEIGHT	WEIGHT
188.0 cm	98.0 kg
BMI VALUE	CATEGORY
27.73	OVERWEIGHT

## CLINICAL NOTES & REMARKS

Reduce daily caloric intake by 300-500 kcal. Increase physical activity to 150 min/week. Consult healthcare provider for weight management strategies.

ASSESSMENT CHARGES	Amount (₹)
Consultation & Evaluation	₹500.00
BMI Assessment & Analysis	₹300.00
Health Report & Recommendations	₹200.00
<strong>TOTAL ASSESSMENT FEE</strong>	<strong>₹1000.00</strong>

## 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

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