

BMI PRESCRIPTION REPORT

HealthCare Clinic & Wellness Center

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

Prescription ID: INV-1-25-20251222230214 Date: 2025-12-22 23:02:14 Patient ID: 1

PATIENT DETAILS

Patient Name: Tarun B K

HEIGHT	WEIGHT
120.0 cm	56.0 kg
BMI VALUE	CATEGORY
38.89	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	

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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