

TC BMI PRESCRIPTION REPORT

HealthCare Clinic & Wellness Center

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

Prescription ID: INV-1-32-20251222232949

Date: 2025-12-22 23:29:49

Patient ID: 1

PATIENT DETAILS

Patient Name: Tarun B K

HEIGHT	WEIGHT
179.0 cm	56.0 kg
BMI VALUE	CATEGORY
17.48	UNDERWEIGHT

CLINICAL NOTES & REMARKS

Increase caloric intake with nutrient-dense foods. Consult nutritionist for personalized diet plan. Regular health monitoring recommended.

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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