

# TC BMI PRESCRIPTION REPORT

HealthCare Clinic & Wellness Center

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

Prescription ID: INV-1-28-2025122231634    Date: 2025-12-22 23:16:34    Patient ID: 1

## PATIENT DETAILS

Patient Name: Tarun B K

HEIGHT	WEIGHT
180.0 cm	58.0 kg
BMI VALUE	CATEGORY
17.90	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
<b>TOTAL ASSESSMENT FEE</b>	<b>■1000.00</b>

## 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