

INVOICE

Invoice #:

INV-1-6-20251221215224

Invoice Date:

2025-12-21 21:52:24

Patient ID:

1

Due Date:

2025-12-21 21:52:24

BILL TO:

Patient Name: Tarun B K

BMI ASSESSMENT DETAILS:

| | |
|---------------|-------|
| Height (cm): | 170.0 |
| Weight (kg): | 110.0 |
| BMI Value: | 38.06 |
| BMI Category: | Obese |

CHARGES:

| Description | Amount |
|--------------------|----------|
| Consultation Fee | ■500.00 |
| BMI Assessment Fee | ■300.00 |
| Health Report Fee | ■200.00 |
| TOTAL | ■1000.00 |

PAYMENT TERMS:

Due within 30 days

PAYMENT STATUS:

Pending

This is an official invoice from BMI Health Tracker. Payment must be received as per the terms mentioned above. Please make payment to the account details provided separately.