

# TC BMI PRESCRIPTION REPORT

HealthCare Clinic & Wellness Center

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

Prescription ID: INV-1-36-20251225000202

Date: 2025-12-25 00:02:02

Patient ID: 1

## PATIENT DETAILS

Patient Name: Tarun B K

HEIGHT	WEIGHT
125.0 cm	110.0 kg
BMI VALUE	CATEGORY
70.40	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
<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

Certified Health Assessment | HealthCare Clinic & Wellness Center | Authorized by Ministry of Health

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