

TC BMI PRESCRIPTION REPORT

HealthCare Clinic & Wellness Center

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

Prescription ID: INV-1-44-20251226000132 Date: 2025-12-26 00:01:32 Patient ID: 1

PATIENT DETAILS

Patient Name: Tarun B K

HEIGHT	WEIGHT
125.0 cm	45.0 kg
BMI VALUE	CATEGORY
28.80	OVERWEIGHT

CLINICAL NOTES & REMARKS

Reduce daily caloric intake by 300-500 kcal. Increase physical activity to 150 min/week. Consult healthcare provider for weight management strategies.

ASSESSMENT CHARGES	Amount (INR)
Consultation & Evaluation	INR 500.00
BMI Assessment & Analysis	INR 300.00
Health Report & Recommendations	INR 200.00
TOTAL ASSESSMENT FEE	INR 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

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