

Associate Details

Name: Abhijeet
Email: shindeabhijeet552@gmail.com
Role: admin
Address: Pune

Contact: undefined

Customer Details

Name: Iona Atkinson
Email: hakute@mailinator.com
Age: 19
DOB: 1997-05-29
Height: 190
Weight: 91
Address: Quia obcaecati molli

Body Fat Details	Fat Side Effects
<p>Weight: 91 ⊗ At Risk</p> <p>Ideal Weight: 70 ✓ Normal</p> <p>Extra Weight: 21 ⊗ At Risk</p> <p>Less Weight: 0 ✓ Normal</p> <p>Body Fat: 61 ⊗ At Risk</p> <p>Visceral Fat: 35 ⊗ At Risk</p> <p>Resting Metabolism: 2000 ⚠ High</p> <p>BMI: 53 ⊗ At Risk</p> <p>Body Age: 23 ✓ Normal</p> <p>Whole Body Subcutaneous: 96 ⊗ At Risk</p> <p>Trunk Fat: 22 ⊗ At Risk</p> <p>Arm Fat: 9 ✓ Normal</p> <p>Leg Fat: 59 ⊗ At Risk</p> <p>Skeletal Muscle: 89 ⊗ At Risk</p> <p>Trunk Muscles: 24 ✓ Normal</p> <p>Arm Muscles: 17 ✓ Normal</p> <p>Leg Muscles: 26 ✓ Normal</p>	<p>Heart Disease: <input type="checkbox"/></p> <p>High Blood Pressure: <input checked="" type="checkbox"/></p> <p>High Blood Cholesterol: <input type="checkbox"/></p> <p>Diabetes: <input type="checkbox"/></p> <p>Headache: <input type="checkbox"/></p> <p>Cancer: <input checked="" type="checkbox"/></p> <p>Difficulty Breathing in Sleep: <input checked="" type="checkbox"/></p> <p>Tired Easily: <input checked="" type="checkbox"/></p> <p>Snoring in Sleep: <input type="checkbox"/></p> <p>Stomach Issues: <input checked="" type="checkbox"/></p> <p>Menstrual Cycle Issues: <input type="checkbox"/></p> <p>Paralysis: <input checked="" type="checkbox"/></p> <p>Body Ache: <input checked="" type="checkbox"/></p> <p>Weak Memory: <input checked="" type="checkbox"/></p> <p>Darkening of Face: <input checked="" type="checkbox"/></p> <p>Hairfall: <input type="checkbox"/></p>

Report Pro is currently under development and under alpha testing.

For any issues , bugs / glitches please reach out at dev.abhijeetshinde@gmail.com