

Date: 6/10/2018
Patient Name: AL Amara Haya Yousef
Date Of Birth: 1/1/1996 Gender: M / F
Nationality: Saudi
Address: Daka
E-MAIL: Haya@amara.com.sa
File Number: 100/016
اسم المريض: الأوركييد صاف
Marital Status: (الحالة الاجتماعية)
Phone No. (رقم الهاتف): 0509998545
How did you know about us: Google

Medical Condition	Yes/No نعم/لا	If 'YES' give details إذا كانت الإجابة نعم أذكر بالتفصيل
Recent or current drugs/Medical Treatment هل تتناول أي دوية أو تتلقى أي علاجات حديثة؟	Yes/No نعم/لا	
Corticosteroids/Immunosuppressant هل تتناول أي ستيرويدات أو مثبطات للمناعة؟	Yes/No نعم/لا	
Allergies هل لديك أي حساسية؟	Yes/No نعم/لا	
Surgical Operations, Serious illness هل أجريت أي عمليات جراحية أو تعاني من أي أمراض؟	Yes/No نعم/لا	
Cardiac surgery, Rheumatic fever, Endocarditis, Artificial heart valve, Congenital heart disease جراحة قلب، حمى روماتويدية، التهاب عضلة القلب، صمام قلب صناعي، أمراض القلب	Yes/No نعم/لا	
High Blood Pressure, Bleeding disorders, Anticoagulants هل لديك ارتفاع في ضغط الدم، مشاكل في النزيف أو تتناول أي مميعات للدم؟	Yes/No نعم/لا	
Anemia, Leukemia (سرطان الدم) لتعب فقر الدم، لوكيميا	Yes/No نعم/لا	
Chest disease, Asthma, Bronchitis, TB, Other أمراض صدرية، أزمة تنفسية، التهاب في الشعبات، السل، أمراض أخرى	Yes/No نعم/لا	
Renal, Urinary, Sexually transmitted disease هل تعاني من أي أمراض في الكلى أو أمراض بولية أو تناسلية؟	Yes/No نعم/لا	
For Ladies: Pregnancy, Contraceptive pill, Menstrual problems للبنات: هل أنت حامل؟ هل تتناولين أي حبوب للحمل؟ هل تعاني من مشاكل في الدورة الشهرية	Yes/No نعم/لا	
Hepatitis, Jaundice, Other liver diseases التهاب الكبد الوبائي، الصفراء، أي أمراض كبدية أخرى	Yes/No نعم/لا	
Peptic ulcer, Crohn's ulcerative colitis, Other قرحة معوية، داء كرون، أي أمراض معوية أخرى؟	Yes/No نعم/لا	
Epilepsy, or any other neurological disease هل تعاني من الصرع أو أي أمراض في الجهاز العصبي؟	Yes/No نعم/لا	
Thyroid Diseases, Diabetes هل تعاني من مرض الغدة الدرقية؟	Yes/No نعم/لا	
Other conditions هل تعاني من أي أمراض أخرى؟ HIV, HIV... فيروس الإيدز، فيروس الهالا البسيط	Yes/No نعم/لا	

Medical Consent Form

- I hereby consent and authorize the doctor to treat my medical condition which has been explained to me by the qualified physician
- I understand that in order to provide me with the most efficient and enhanced service, diagnostic and other procedures may be deemed necessary.
- I understand that my treating doctor may discover other or different conditions, which may require additional or different procedures than those planned.
- I authorize my treating doctor to perform any procedures which are advisable in their professional judgment.
- I understand that no warranty or guarantee has been made to me as a result of cure just as there may be risks and hazards in continuing my present condition without treatment.
- I understand that there are also risks and hazards to the performance of the diagnostic and/or surgical procedures.
- I realize that common surgical or diagnostic procedures are potential for an infection, swelling, bleeding, pain or allergic reaction.
- I understand that there are minimal fees to be paid per service and that all fees must be paid in full before the completion of treatment.
- I consent that all medical history and information I provided in my medical file is true and I understand that any information I provide regarding my medical status will be kept confidential and anonymous.
- I believe that I have sufficient information to give this consent. I certify that this form has been fully explained to me and that I have read it and I understand its content and I sign it with all my will.

Patient's Signature/ Guardians (In case of minors):

Date: ... / ... /

نموذج اقرار طبي

- أوافق و أسمح للطبيب بإجراء حالتي المرضية التي تم شرحها لي من قبل الطبيب المختص و التوقيع،
- أتعلم أن بعض الإجراءات الطبية والتشخيصية الإضافية قد تكون ضرورية من أجل تشخيصي بالعلاج الأمثل و الخدمة الأفضل.
- أتعلم أنه من الممكن أن يحتاج الطبيب خلال العلاج أموراً مختلفة عن ما ذكر في الفحص الأولي و التي قد تتطلب إجراءات إضافية أو مختلفة عن تلك المخطط لها.
- أفوض الطبيب المعالج باتخاذ كل الإجراءات الطبية و العلاجات اللازمة و المطلوبة بحكم خبرته المهنية و الطبية.
- أقر أنه لم يتم تقديم أي ضمانات أو تفويض نتائج العلاجات و الإجراءات الطبية أو التجريبية الإضافية لي، كما أعلم المخاطر و المضاعفات الناتجة عن عدم استكمال علاج حالتي المرضية.
- أتعلم تماماً كافة الاخطار و المضاعفات التي قد تكون محتملة للفحوصات و الإجراءات الملاحية و الجراحية.
- و امرن ان بعض الإجراءات التشخيصية و العلاجية و الجراحية قد تقوي الي مضاعفات كالإنتهاب أو التورم أو التزيف أو الألم في الحساسية
- أتعلم أن هناك رسوم يالحد الأدنى يجب علي دفعها مقابل الخدمة الملاحية و أن جميع الرسوم الطبية يجب أن تسدد بالكامل قبل الإنتهاء من العلاج.
- أقر أن كافة التعليمات الطبية و التاريخ الطبي الذي قدته لي تحمي الملف صحية و أعلم ان أي تعليمات تطبق بطاقتي الصحية ستبقى سرية تماماً ولا يمكن الاطلاع عليها بدون عرأقتي
- تعد من ذوي القدرات الكافية لتفهم هذا الإقرار و أن هذا النموذج قد تم شرحه لي بالكامل و اني قد قرأت و فهمت جميع تفاصيله و بالتكامل و اني وافقت عليه بحسن ارضائي

توقيع المريض / ولي الأمر (من هم دون القاصرين):

..... / ... /

Patient Assessment

Weight (الوزن): Kg
Pulse (النبض): ppm
Vital Signs المؤشرات الحيوية
Height (الطول): cm 160
Blood Pressure (ضغط الدم): /

Blood Type (فصيلة الدم):
Blood Sugar (سكر الدم):

Chief Complaint شكاوى زيارة المريض للعيادة

Disease History التاريخ المرضي

Allergies الحساسية

Medications الأدوية

Pregnancy الحمل

Previous Surgeries, Hospitalization عمليات سابقة ، أحوال المستشفى

Smoking (التدخين): Y / N

Shisha Daily

Alcohol (الكحول): Y / N

Drugs (تداعوي العقاقير): Y / N

General & Clinical Findings ملاحظات العامة و السريرية

Examination الفحص

Radiography الصور الشعاعية

Diagnosis التشخيص

File No:

Date: / /

Treatment Plan علاج

Doctor's Signature and Stamp

.....

PATIENT NAME: *All Amara*

FILE NO#:

DATE	TREATMENT	PAYMENT	BALANCE	SIGNATURE
	<i>6/10/18 5 sessions ENGYMED</i>			
	<i>9/10/18 Diet plan given</i>			
	<i>6-11-2018 Engymed session</i>			
	<i>Thighs & Abdominal Area</i>			
	<i>09/02/20 Engymed - Lumbar</i>			
	<i>Balance R</i>			

2000 Dhs / Same

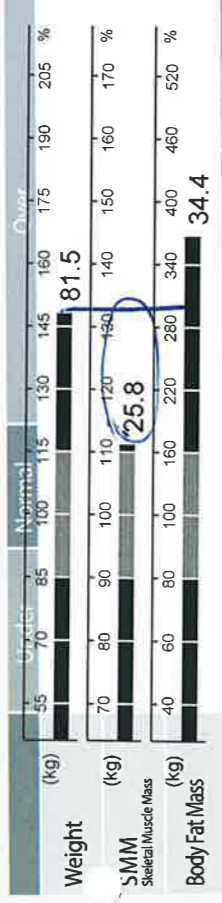
⊙

ID 061018-2 | Height 160cm | Age 23 | Gender Female | Test Date & Time 06.10.2018. 17:58

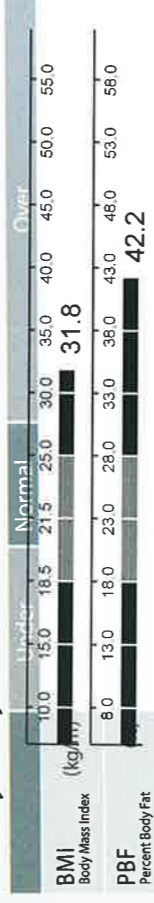
Body Composition Analysis

Total amount of water in body	(L)	34.5	(28.0~34.2)
For building muscles	(kg)	9.2	(7.5~9.1)
For strengthening bones	(kg)	3.37	(2.59~3.17)
For storing excess energy	(kg)	34.4	(11.0~17.6)
Sum of the above	(kg)	81.5	(46.8~63.3)

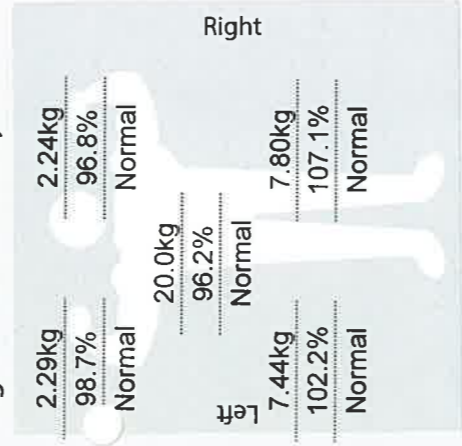
Muscle-Fat Analysis



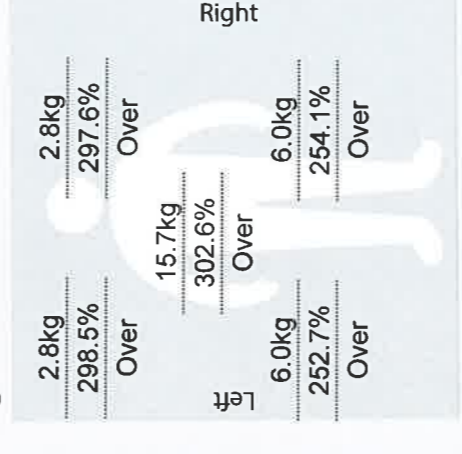
Obesity Analysis



Segmental Lean Analysis



Segmental Fat Analysis



Body Composition History

Weight (kg)	81.5
SMM (kg)	25.8
PBF (%)	42.2

InBody Score

64/100 Points

* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

Weight Control

Target Weight 61.2 kg
 Weight Control -20.3 kg
 Fat Control -20.3 kg
 Muscle Control 0.0 kg

Obesity Evaluation

BMI Normal Under Slightly Over Over
 PBF Normal Slightly Over Over

Waist-Hip Ratio

0.84 (0.75 0.85)

Visceral Fat Level

Level 15 (Low 10 High)

Research Parameters

Fat Free Mass 47.1 kg
 Basal Metabolic Rate 1387 kcal (1590~1861)
 Obesity Degree 148 % (90~110)
 Recommended calorie intake 1850 kcal

Calorie Expenditure of Exercise

Golf	143	Gateball	155
Walking	163	Yoga	163
Badminton	184	Table Tennis	184
Tennis	245	Bicycling	245
Boxing	245	Basketball	245
Mountain Climbing	266	Jumping Rope	285
Aerobics	285	Jogging	285
Soccer	285	Swimming	285
Japanese Fencing	408	Racketball	408
Squash	408	Taekwondo	408

* Based on your current weight
* Based on 30 minute duration

Results Interpretation QR Code

Scan the QR Code to see results interpretation in more detail.



Impedance

RA LA TR RL LL
 Z_(R) 20 kHz 368.3 359.5 22.0 199.3 214.3
 100 kHz 331.8 325.8 19.5 180.1 191.2



Dietary consultation involves a health profile. The purpose of the health profile is not to establish a diagnosis, but rather to determine a client's health status in order to guide his/her weight control plan. A client may be advised to seek medical advice based on his/her health profile.

Date: 6/10/2018

File Number: 1605016

Patient Name: AL Amira Haya Sefwan

اسم المريض:

Current Weight (الوزن الحالي):

Weight 1 year ago (الوزن السنة الماضية):

Minimum Adult Weight (أقل وزن):

Maximum Adult Weight (أعلى وزن)

Age:

Age:

Do You Exercise (هل تقوم بالتمارين الرياضية) : Yes / No

How Often (كم مرّة) : Exercise Type

Have You Been on a diet before? Yes / No

هل انتظمت سابقا بأي حمية غذائية؟ نعم / لا

If yes, please specify which diet(s) and why you think it didn't work for you?

إذا كانت الإجابة نعم ، لماذا تعتقد ان تلك الحمية لم تكن مناسبة لك؟

.....
.....
.....
.....

On a scale of 1 to 10, Indicate the level of importance you give to losing weight with professionally supervised weight loss method

بمقياس ١ الى ١٠ ، حدد درجة اهمية فقدانك للوزن تحت اشراف المختصين

Least Importance 1 2 3 4 5 6 7 8 9 10 More Importance

How Many Children Do You Have?

كم عدد اطفالك؟

Who does the most cooking at home?

من يقوم بطهي الطعام غالبا في المنزل؟

On Average how many hours do you sleep per night?

ما هو معدل ساعات نومك ليلا؟

Eating Habits العادات الغذائية

Do You Have Breakfast Every Morning? **الطُور** **Breakfast**
Approximate time: **Yes** **Sometimes** **No** **Never**

Details:

.....
.....
.....
.....

Do You Have a Snack Before Lunch? **Yes** **Sometimes** **No** **Never**
Approximate time:

Details:

.....
.....
.....
.....

Do You Have Lunch Every Morning? **الغداء** **Lunch**
Approximate time: **Yes** **Sometimes** **No** **Never**

Details:

.....
.....
.....
.....

Do You Have a Snack Before dinner? **Yes** **Sometimes** **No** **Never**
Approximate time:

Details:

.....
.....
.....
.....

Do You Have Dinner Every Morning? **العشاء** **Dinner**
Approximate time: **Yes** **Sometimes** **No** **Never**

Details:

.....
.....
.....
.....

Do You Have a Snack Before dinner? **Yes** **Sometimes** **No** **Never**
Approximate time:

Details:

.....
.....
.....
.....

Consent Form For Nutritionist Weight loss Method

I confirm that the information that I have provided and that is recorded by me on this health profile is true, complete and accurate and that I have not withheld or otherwise omitted. weather in whole or in part, any information concerning my health status. in this respect, I confirm that I have disclosed all past and present physical/ or mental health problems or concerns that I have experienced, diagnosis and/or surgeries that I have had, medications and supplements that were prescribed to me or that I have taken.

Without limitation to the foregoing I specifically confirm that I do not have the conditions and that I am not taking any medications. Furthermore, I understand that I should not be undertaking or otherwise following the weight loss method if I have any of the said conditions or if I am currently taking any of the said medications unless I specifically consult with a medical doctor while I am on weight loss method, and provide documentation confirming the foregoing.

I understand that if I have any of the aforementioned conditions or if I am currently taking any of the aforementioned medication, or I have not disclosed same to the center and nevertheless chose to go on professional weight loss method without specific supervision, such decision will be completely voluntary, and I release and discharge the center as the laboratories or any employee from any and all damages, liabilities, claims and causes of action of any nature whatsoever that may result from such voluntary decision.

I confirm that the Nutritionist has explained to me that I have had the opportunity to ask questions relating to the weight control method, and that I have been provided with the answers to such questions and that I understand the importance of strictly following the weight control method as explained to me verbally and in the materials provided to me, both before and during the weight control method

without limitation to the foregoing, I confirm that I have been advised that because the weight control method limits the ingestion of certain goods, it is important that I consume the recommended vitamins and minerals while I'm on the weight control method.

I undertake to disclose immediately to the center and nutritionist all the changes in my health status, discomfort, symptoms or other health concerns that I may experience while I am on the weight control method.

نموذج اقرار للتحكم بالوزن تحت اشراف اخصائي تغذية

أقر أن كافة المعلومات التي قمت بالإدلاء بها في ملفي الطبي صحيحة و كاملة و دقيقة و اني لم أخف أي معلومات تتعلق بصحتي أو عاداتي الغذائية جزئياً أو كلياً. و أقر اني قد قدمت كافة المعلومات المتعلقة بصحتي الجسمانية و النفسية و اي حالة مرضية كنت قد مررت بها و كافة الجراحات التي قد أجريت لي و الادوية و المكملات التي قد وصفت لي او اقوم بتناولها حالياً.

و أقر أنه ليس لدي اي حالات مرضية من التي سبق ذكرها في الملف الطبي لا تتناول أي أدوية عدا عن التي أوضحت عنها في الملف الطبي و تقهم انني لا يجب ان اتعاطى أي أدوية خلال او بعد اتباعي لطريقة التحكم بالوزن تحت اشراف الاخصائي دون استشارة طبيب و دون اعلامي لخصائي التغذية بهذه الادوية او المكملات و إبراز الوثائق الرسمية التي تدل على ذلك.

تقهم ان تعاطي أي أدوية دون اعلامي لخصائي التغذية او خصوصي لطرق تحكم للوزن دون اعلامي للاخصائي و دون اشراف المختصين هو قرار شخصي و اختياري. و أعفي الاخصائي و الطبيب و المركز و أي من موظفيهم من تبعات هذا القرار و لا يحق لي المطالبة بأي تعويض عن الاضرار الناتجة عن هذا القرار الاختياري.

أقر أن اخصائية التغذية قد أتاحت لي الفرصة كاملة لطرح اي اسئلة تتعلق بطريقة التحكم بالوزن، و انه قد تمت اجابة كافة استلتي بشكل كاف و كامل. و اني اتقهم اهمية اتباعي لطريقة التحكم بالوزن بدقة كما تم شرحها لي شفويًا و من خلال المواد المكتوبة التي تم تزويدي بها و الالتزام بكافة التعليمات قبل و بعد اتباعي لطرق التحكم بالوزن.

بالإضافة الى ما سبق أقر أنه قد تم اعلامي أنه بسبب اتباعي لطريقة التحكم بالوزن فإنه يجب تناول بعض الفيتامينات و المعادن و المكملات الغذائية و انه يجب الالتزام بتناول هذه المكملات بينما اتبع وسيلة التحكم بالوزن.

اتعهد باخبار المركز و اخصائية التغذية فوراً عن أي تغييرات في حالتي الصحية او اي ضيق او اعراض او اي مشاكل صحية قد يتعرض لها بينما اخضع لوسيلة التحكم بالوزن.



مركز أوركيك الطبية
ORCHID MEDICAL CENTER

2,000.00

RECEIPT VOUCHER (No.REC-001384)

Date:06-10-2018

Receive from Mr./Mrs./M/s. 1001016 - AL AMIRA HAYA YOUSFAN - 971504998545

The sum of Dhs. Two Thousand Dirhams and Zero Fils Only

By Cash 2,000.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 06-10-2018

Being

Made by Ghada

Tel : + 9716 555 8337, Fax: + 9716 528 8130, e – mail : info@omc1.ae
www.omc1.ae

2.6 Fat ↓
4kg → 5kg

Zero 1

061018-2

Height
160cm

Age
23

Gender
Female

Test Date & Time
09.10.2018. 17:01

Body Composition Analysis

Total amount of water in body	(L)	34.2 (28.0~34.2)
For building muscles	(kg)	9.0 (7.5~9.1)
For strengthening bones	(kg)	3.36 (2.59~3.17)
For storing excess energy	(kg)	35.6 (11.0~17.6)
Sum of the above	(kg)	82.2 (46.8~63.3)

InBody Score

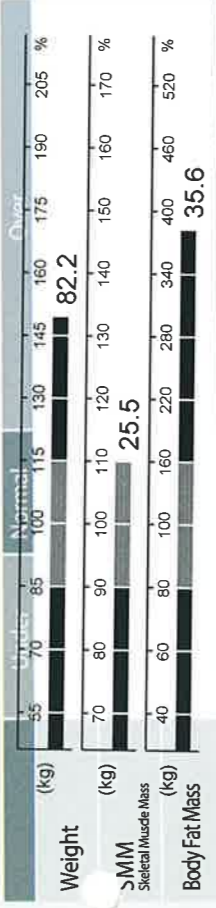
62 / 100 Points

* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

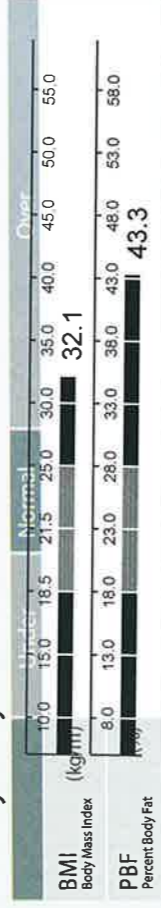
Weight Control

Target Weight 60.5 kg
Weight Control - 21.7 kg
Fat Control - 21.7 kg
Muscle Control 0.0 kg

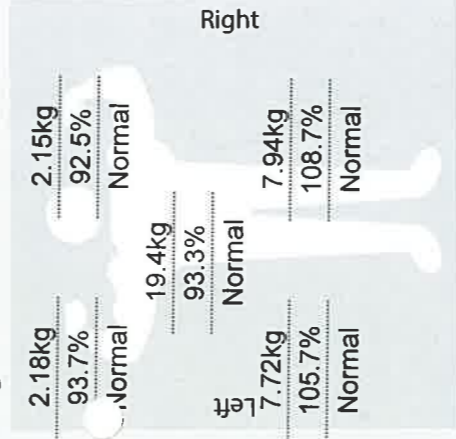
Muscle-Fat Analysis



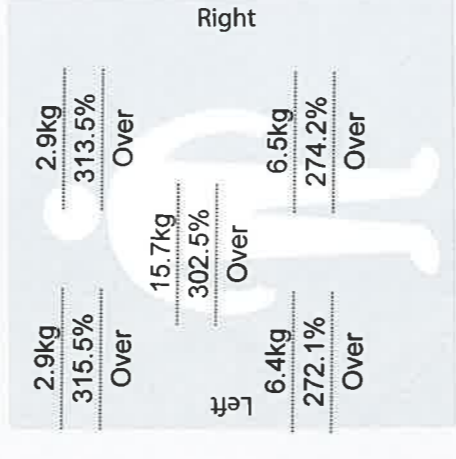
Obesity Analysis



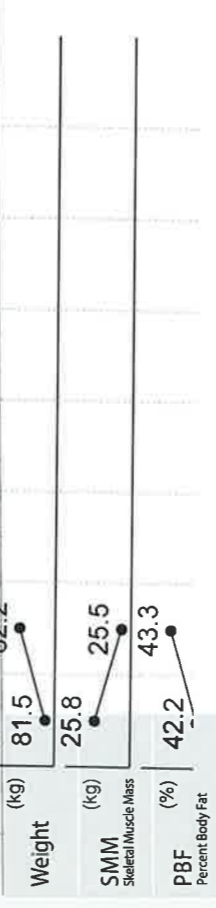
Segmental Lean Analysis



Segmental Fat Analysis



Body Composition History



Impedance

Z(Ω) 20 kHz | 365.6 24.1 192.4 199.0
100 kHz | 330.1 326.8 21.3 173.2 178.2

Research Parameters

Fat Free Mass 46.6 kg
Basal Metabolic Rate 1376 kcal (1600~1874)
Obesity Degree 149 % (90~110)
Recommended calorie intake 1858 kcal

Calorie Expenditure of Exercise

Golf	145	Gateball	156
Walking	164	Yoga	164
Badminton	186	Table Tennis	186
Tennis	247	Bicycling	247
Boxing	247	Basketball	247
Mountain Climbing	268	Jumping Rope	288
Aerobics	288	Jogging	288
Soccer	288	Swimming	288
Japanese Fencing	411	Racketball	411
Squash	411	Taekwondo	411

Results Interpretation QR Code

Scan the QR Code to see results interpretation in more detail.



DIETARY ASSESSMENT **تقييم النظام الغذائي**

Food Intolerance (if any) _____
 Acidity / Heart Burn / Constipation _____
 No. of meals consumed / day _____
 Veg (Non Veg.) Ovo Veg _____
 Frequency of eating out / week _____
 Diet Recall - Total Calories (Kcal) 1100 kcal
 CHO (gm) _____
 Protein (gm) _____
 Fat (gm) _____
 Lifestyle : Sedentary / Moderate / Heavy Sedentary
 Diet Advised - Total calories (Kcal) 1400
 CHO (gm) 200g
 Protein (gm) 70g
 Fat (gm) 70g

Remarks water 3.5-4L, Dislike = meal. (like milk, Broccoli,

Counsellor's Name Dalser
 Client's Signature _____
 Date 9/10/18

(الوجبات)
 الامتصاص
 بوجرا
 دمج النوازل
 كفاءة السعرات الحرارية
 (م)
 (م)
 ()
 رطوبة / نشاط
 كفاءة السعرات الحرارية (Kcal)
 (م)
 (م)
 ()

cf 29105

تم الحجز ل: **ED FOR**

No of Sessions

عدد الجلسات

ضغط الدم BP	التاريخ Date	الوزن ما قبل Before Wt	الوزن ما بعد After Wt	م رمز M Code	توقيع اخصائي التدليك Therapist Sign	توصيات اخصائي التغذية Dietician Recom.	تغيير Deviation		رمز النشاط Activity Code	تغيير Deviation	توقيع الاختصاصي Physio. Sign	توقيع العميل Client's Sign
							اخصائي تغذية Dietician	اخصائي تغذية Dietician				
	9/10/18	82.2	—	—	—	Diet plan given		1400kcal				
	6/11/18	79.2	—		ENDYMED							
	29/11/18	80.7	Amin 21k			she took two boxes should follow the Diet 10kg. 72.8kg						
Not Wt. Loss خسارة الوزن الصافي		Wt. Gain زيادة الوزن										
Not Wt. Loss خسارة الوزن الصافي		Wt. Gain زيادة الوزن				Balance Sessions الجلسات المتبقية						



مركز أوركيذ الطبي
ORCHID MEDICAL CENTER

100.00

RECEIPT VOUCHER (No. REC-001407)

Date: 09-10-2018

Receive from Mr./Mrs./M/s. 1001016 - AL AMIRA HAYA YOUSFAN - 971504998545

The sum of Dhs. One Hundred Dirhams and Zero Fils Only

By Cash 100.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 09-10-2018

Being AGAINST INVOICE NO : 2541

Made by Ghada

Tel : + 9716 555 8337, Fax : + 9716 528 8130, e - mail : info@omc1.ae
www.omc1.ae

ID 061018-2 | Height 160cm | Age 23 | Gender Female | Test Date & Time 20.11.2018. 16:29

Body Composition Analysis

Total amount of water in body	(L)	33.6 (28.0~34.2)
For building muscles	(kg)	9.0 (7.5~9.1)
For strengthening bones	(kg)	3.26 (2.59~3.17)
For storing excess energy	(kg)	33.6 (11.0~17.6)
Sum of the above	(kg)	79.5 (46.8~63.3)

InBody Score

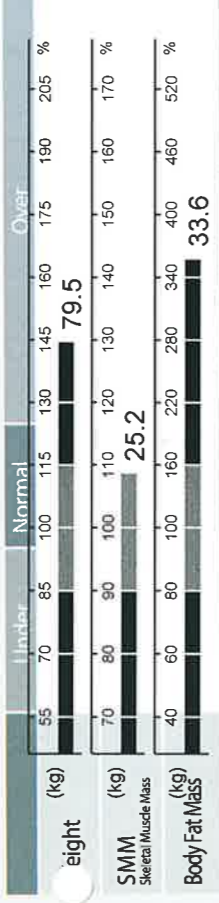
64/100 Points

* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

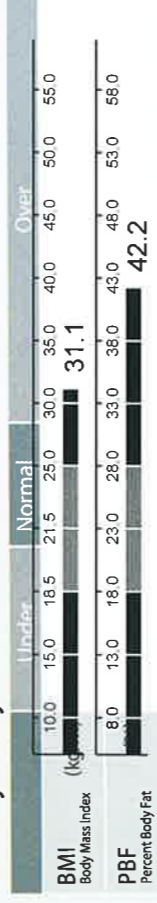
Weight Control

Target Weight 59.6 kg
 Weight Control - 19.9 kg
 Fat Control - 19.9 kg
 Muscle Control 0.0 kg

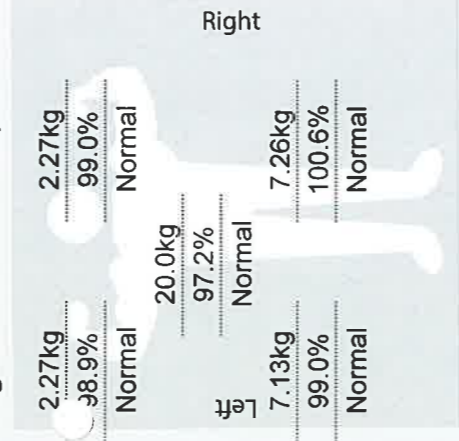
Muscle-Fat Analysis



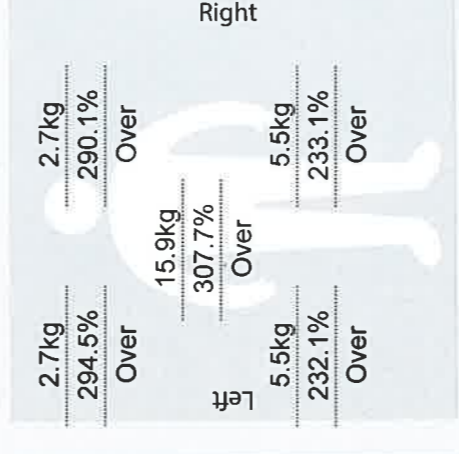
Obesity Analysis



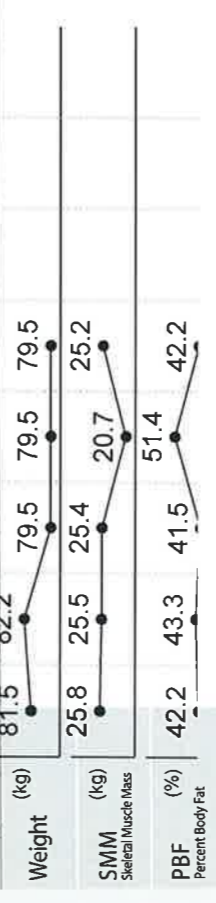
Segmental Lean Analysis



Segmental Fat Analysis



Body Composition History



Impedance

Z(Ω) 20 kHz | 366.4 23.3 223.5 228.5
 100 kHz | 330.3 332.7 20.1 201.2 204.7

Visceral Fat Level

Level 15 (Low 10 High)

Research Parameters

Fat Free Mass 45.9 kg
 Basal Metabolic Rate 1362 kcal (1560~1824)
 Obesity Degree 144 % (90~110)
 Recommended calorie intake 1829 kcal

Calorie Expenditure of Exercise

Golf	140	Gateball	151
Walking	159	Yoga	159
Badminton	180	Table Tennis	180
Tennis	239	Bicycling	239
Boxing	239	Basketball	239
Mountain Climbing	259	Jumping Rope	278
Aerobics	278	Jogging	278
Soccer	278	Swimming	278
Japanese Fencing	398	Racketball	398
Squash	398	Taekwondo	398

* Based on your current weight
 * Based on 30 minute duration

Results Interpretation QR Code

Scan the QR Code to see results interpretation in more detail.

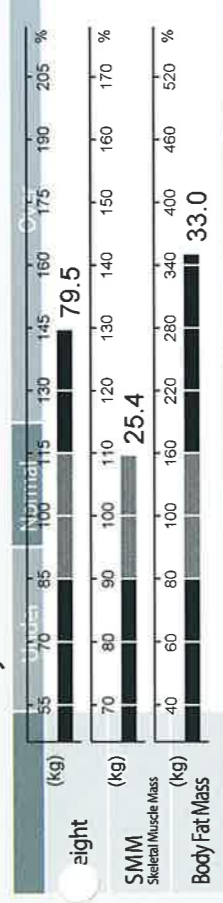


ID 1018-2 | Height 160cm | Age 23 | Gender Female | Test Date & Time 06.11.2018. 15:02

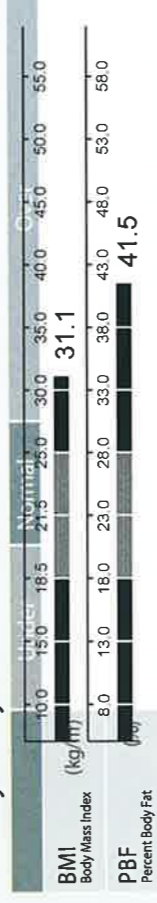
Body Composition Analysis

Total amount of water in body	(L)	34.0	(28.0-34.2)
For building muscles	(kg)	9.1	(7.5-9.1)
For strengthening bones	(kg)	3.36	(2.59-3.17)
For storing excess energy	(kg)	33.0	(11.0-17.6)
Sum of the above	(kg)	79.5	(46.8-63.3)

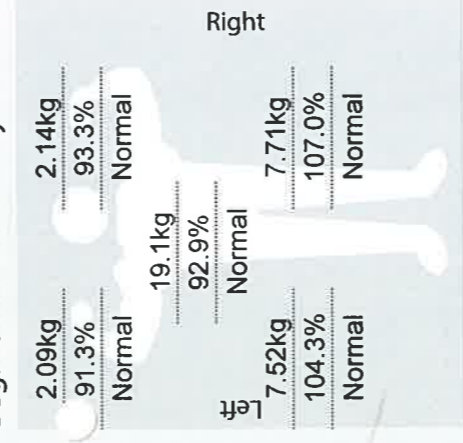
Muscle-Fat Analysis



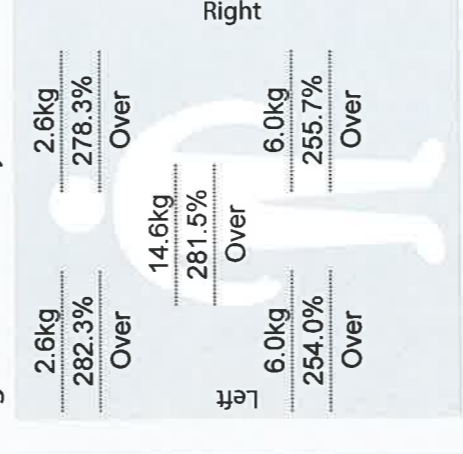
Obesity Analysis



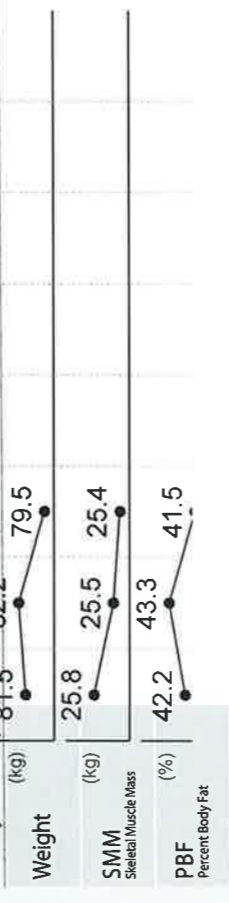
Segmental Lean Analysis



Segmental Fat Analysis



Body Composition History



InBody Score

65/100 Points

* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

Weight Control

Target Weight 60.4 kg
 Weight Control -19.1 kg
 Fat Control -19.1 kg
 Muscle Control 0.0 kg

Obesity Evaluation

BMI Normal Under Slightly Over Over
 PBF Normal Slightly Over Over

Waist-Hip Ratio



Visceral Fat Level



Research Parameters

Fat Free Mass 46.5 kg
 Basal Metabolic Rate 1374 kcal (1560~1824)
 Obesity Degree 144 % (90~110)
 Recommended calorie intake 1829 kcal

Calorie Expenditure of Exercise

Golf	140	Gateball	151
Walking	159	Yoga	159
Badminton	180	Table Tennis	180
Tennis	239	Bicycling	239
Boxing	239	Basketball	239
Mountain Climbing	259	Jumping Rope	278
Aerobics	278	Jogging	278
Soccer	278	Swimming	278
Japanese Fencing	398	Racketball	398
Squash	398	Taekwondo	398

*Based on your current weight
 *Based on 30 minute duration

Results Interpretation QR Code

Scan the QR Code to see results interpretation in more detail.



Impedance

RA LA TR RL LL
 Z(Ω) 20 kHz 377.8 385.9 22.1 200.6 206.9
 100 kHz 341.6 350.9 19.2 180.8 185.5

InBody

Almira-hayga (4)

9 Flaw 10 months

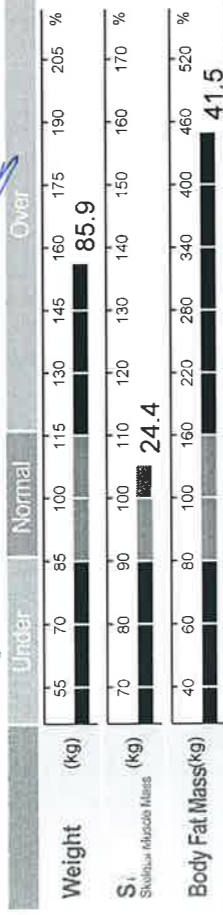
ID 061018-2 | Height 160cm | Age 24 | Gender Female | Test Date / Time 28.09.2019. 18:24

Body Composition Analysis

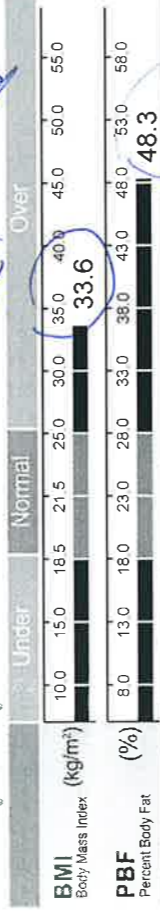
Total amount of water in body	Total Body Water (L)	32.5 (28.0~34.2)
For building muscles	Protein (kg)	8.8 (7.5~9.1)
For strengthening bones	Minerals (kg)	3.13 (2.59~3.17)
For storing excess energy	Body Fat Mass (kg)	41.5 (11.0~17.6)
Sum of the above	Weight (kg)	85.9 (46.8~63.3)

61kg

Muscle-Fat Analysis

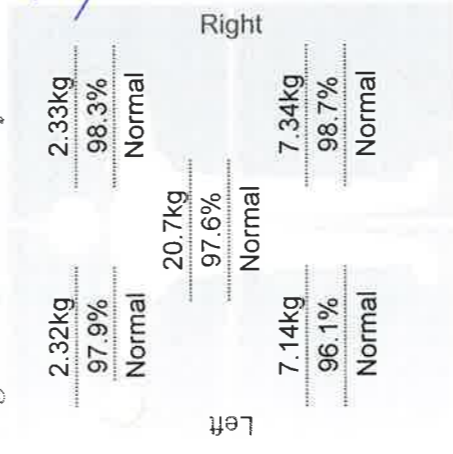


Obesity Analysis

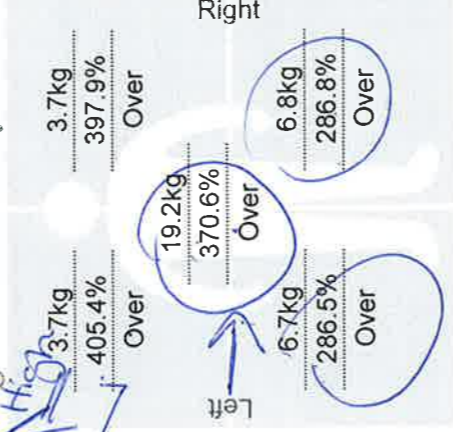


Obese! 81kg

Segmental Lean Analysis

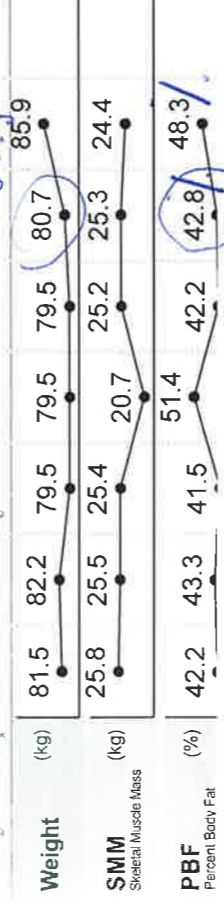


Segmental Fat Analysis



* Segmental fat is estimated.

Body Composition History



InBody Score

54 / 100 Points

* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

Weight Control

Target Weight 57.6 kg
Weight Control -28.3 kg
Fat Control -28.3 kg
Muscle Control 0.0 kg

Obesity Evaluation

BMI Normal Under Slightly Over Over
PBF Normal Slightly Over Over

Waist-Hip Ratio

0.92 (0.75 0.85)

Visceral Fat Level

Level 19 (Low 10 High)

Research Parameters

Fat Free Mass 44.4 kg
Basal Metabolic Rate 1329 kcal (1656~1942)
Obesity Degree 156 % (90~110)
Recommended calorie intake 1890 kcal

Calorie Expenditure of Exercise

Golf	151	Gateball	163
Walking	172	Yoga	172
Badminton	194	Table Tennis	194
Tennis	258	Bicycling	258
Boxing	258	Basketball	258
Mountain Climbing	280	Jumping Rope	301
Aerobics	301	Jogging	301
Soccer	301	Swimming	301
Japanese Fencing	430	Racketball	430
Squash	430	Taekwondo	430

* Based on your current weight
* Based on 30 minute duration

Results Interpretation QR Code

Scan the QR Code to see results interpretation in more detail.



Impedance

Z(α) 20 kHz | 390.7 390.2 25.9 239.3 251.5
100 kHz | 348.4 352.3 22.6 213.4 222.1

Not yet on Diet

ID	061018-2	Height	160cm	Age	24	Gender	Female	Test Date / Time	28.09.2019. 18:24
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Body Composition Analysis

Total amount of water in body	Total Body Water (L)	32.5 (28.0~34.2)
For building muscles	Protein (kg)	8.8 (7.5~9.1)
For strengthening bones	Minerals (kg)	3.13 (2.59~3.17)
For storing excess energy	Body Fat Mass (kg)	41.5 (11.0~17.6)
Sum of the above	Weight (kg)	85.9 (46.8~63.3)

InBody Score

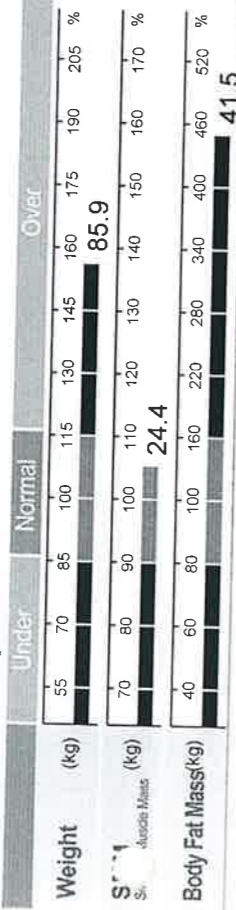
54 / 100 Points

* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

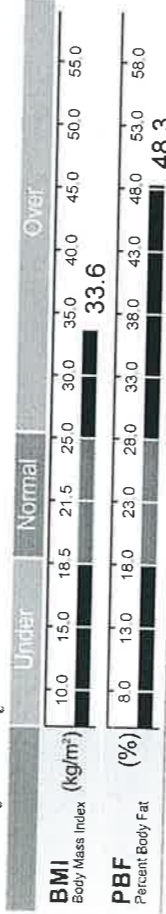
Weight Control

Target Weight 57.6 kg
 Weight Control -28.3 kg
 Fat Control -28.3 kg
 Muscle Control 0.0 kg

Muscle-Fat Analysis



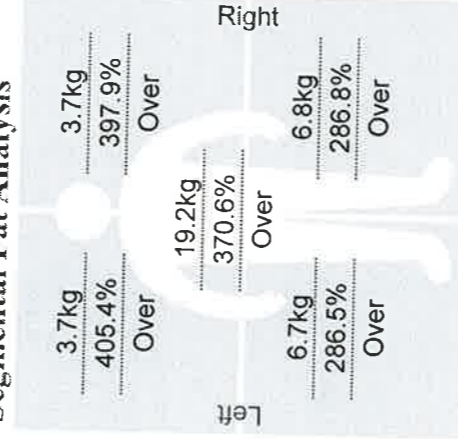
Obesity Analysis



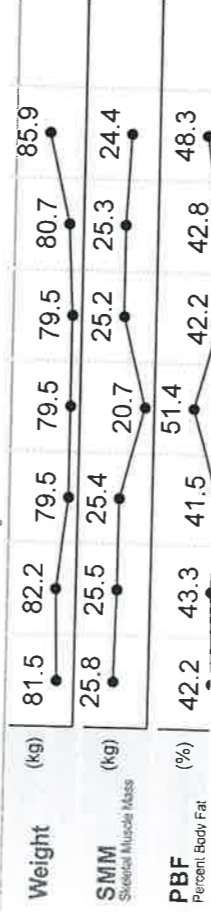
Segmental Lean Analysis



Segmental Fat Analysis



Body Composition History



Visceral Fat Level

Level 19 (Low 10 High)

Research Parameters

Fat Free Mass 44.4 kg
 Basal Metabolic Rate 1329 kcal (1656~1942)
 Obesity Degree 156 % (90~110)
 Recommended calorie intake 1890 kcal

Calorie Expenditure of Exercise

Golf	151	Gateball	163
Walking	172	Yoga	172
Badminton	194	Table Tennis	194
Tennis	258	Bicycling	258
Boxing	258	Basketball	258
Mountain Climbing	280	Jumping Rope	301
Aerobics	301	Jogging	301
Soccer	301	Swimming	301
Japanese Fencing	430	Racketball	430
Squash	430	Taekwondo	430

* Based on your current weight
 * Based on 30 minute duration

Results Interpretation QR Code

Scan the QR Code to see results interpretation in more detail.



Impedance

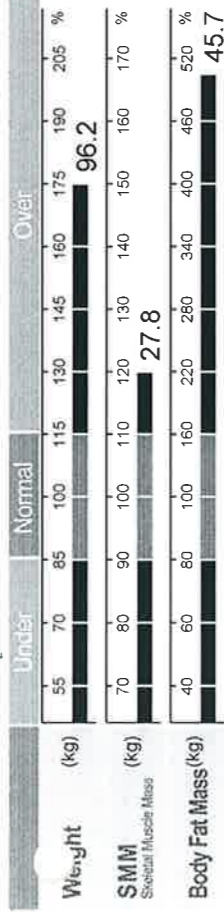
Z(Ω) 20_{Hz} 390.7 390.2 25.9 239.3 251.5
 100_{Hz} 348.4 352.3 22.6 213.4 222.1

ID 061018-2 | Height 160cm | Age 25 | Gender Female | Test Date / Time 09.02.2020. 18:05

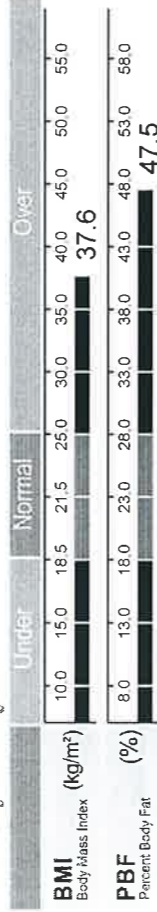
Body Composition Analysis

Total amount of water in body	Total Body Water (L)	37.0 (28.0~34.2)
For building muscles	Protein (kg)	9.9 (7.5~9.1)
For strengthening bones	Minerals (kg)	3.61 (2.59~3.17)
For storing excess energy	Body Fat Mass (kg)	45.7 (11.0~17.6)
Sum of the above	Weight (kg)	96.2 (46.8~63.3)

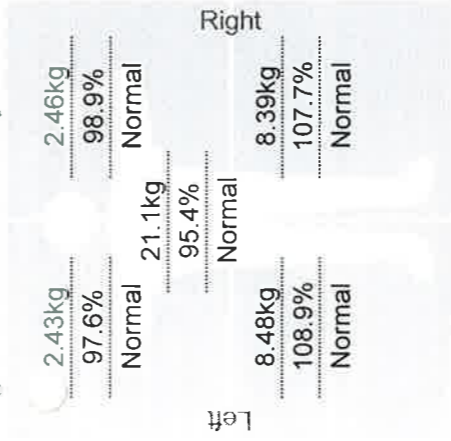
Muscle-Fat Analysis



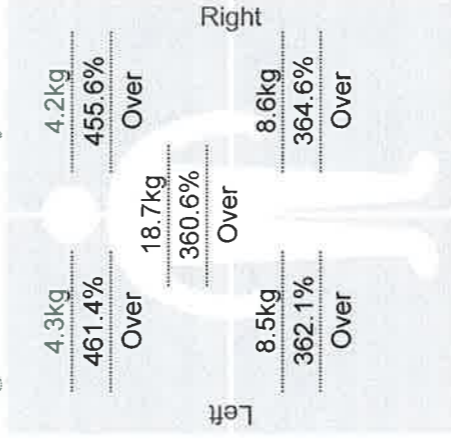
Obesity Analysis



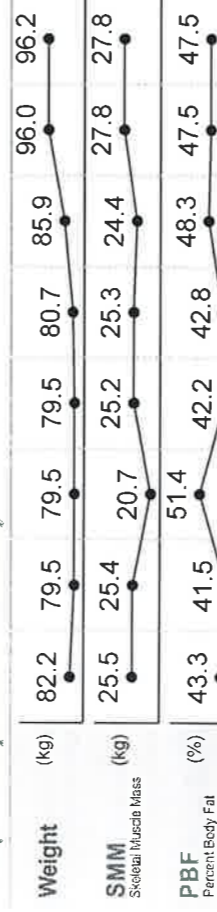
Segmental Lean Analysis



Segmental Fat Analysis



Body Composition History



InBody Score

57 / 100 Points

* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

Weight Control

Target Weight 65.5 kg
 Weight Control - 30.7 kg
 Fat Control - 30.7 kg
 Muscle Control 0.0 kg

Obesity Evaluation

BMI Normal Under Slightly Over Over
 PBF Normal Slightly Over Over

Waist-Hip Ratio

0.81 (0.75 ~ 0.85)

Visceral Fat Level

Level 17 (Low ~ 10 ~ High)

Research Parameters

Fat Free Mass 50.5 kg
 Basal Metabolic Rate 1460 kcal
 Obesity Degree 175 % (90~110)
 Recommended calorie intake 1991 kcal

Calorie Expenditure of Exercise

Golf	169	Gateball	183
Walking	192	Yoga	192
Badminton	217	Table Tennis	217
Tennis	289	Bicycling	289
Boxing	289	Basketball	289
Hiking	314	Jumping Rope	337
Aerobics	337	Jogging	337
Soccer	337	Swimming	337
Japanese Fencing	481	Racketball	481
Squash	481	Taekwondo	481

* Based on your current weight
 * Based on 30 minute duration

Impedance

RA LA TR RL LL
 Z(50) 20 kHz | 349.6 353.6 20.5 182.4 175.7
 100 kHz | 314.8 320.9 17.8 164.1 157.9