



File No: .....

180

Date: 11, 2019

Date: ... / ... / .....

File Number: 1003241

Patient Name: Zaid Bin Khalaf

إسم المريض: .....

Date Of Birth (تاريخ الميلاد): 07/1988

Marital Status: (الحالة الاجتماعية): M (F)

Nationality (الجنسية): Saudi

Occupation (الوظيفة): .....

Address (العنوان): Al-Fairiyah

Phone No. (رقم الهاتف): 053287676

E-MAIL: ZaidBinKhalaf@orchid.med.sa

How did you know about us: (كيف تعرفنا)

التاريخ الطبي Medical History		
المرض الطبي Medical Condition	Yes/No نعم/لا	If 'YES' give details إذا كانت الإجابة نعم اذكر بالتفصيل
Recent or current drugs/Medical Treatment هل تتعاطى أي أدوية أو تتلقى أي علاجات حثيثاً؟	<input checked="" type="checkbox"/>	
Corticosteroids/Immunosuppressant هل تتعاطى أي سترويدات أو مثبطات للمناعة؟	<input checked="" type="checkbox"/>	
Allergies هل لديك أي حساسية؟	Yes	Penicilina
Surgical Operations, Serious Illness هل أجريت أي عمليات جراحية أو تعاني من أي أمراض؟	<input checked="" type="checkbox"/>	
Cardiac surgery, Rheumatic fever, Endocarditis, Artificial heart valve, Congenital heart disease جراحة قلب، حمى روماتويد، التهاب شغاف القلب، صمام قلب صناعي، أمراض القلب	<input checked="" type="checkbox"/>	
High Blood Pressure, Bleeding disorders, Anticoagulants هل لديك ارتفاع في ضغط الدم، مشاكل في النزيف أو تتعاطى أي مميعات الدم؟	<input checked="" type="checkbox"/>	
Anemia, Leukemia (سرطان الدم)، لوكيميا (نقر الدم)	<input checked="" type="checkbox"/>	
Chest disease, Asthma, Bronchitis, TB, Other أمراض صدرية، أزمة تنفسية، التهاب في الشعبات، السل، أمراض أخرى	<input checked="" type="checkbox"/>	
Renal, Urinary, Sexually transmitted disease هل تعاني من أي أمراض في الكلى أو أمراض بولية أو تناسلية؟	<input checked="" type="checkbox"/>	
Pregnancy, Contraceptive pill, Menstrual problems هل أنت حامل؟ هل تتعاطين أي مانع للحمل؟ هل تعانين من مشاكل في الدورة الشهرية؟	<input checked="" type="checkbox"/>	يتمتع الدورة الشهرية
Hepatitis, Jaundice, Other liver diseases التهاب الكبد الوبائي، الصفراء، أي أمراض كبدية أخرى	<input checked="" type="checkbox"/>	
Peptic ulcer, Crohn's ulcerative colitis, Other قرحة معوية، داء كرون، أي أمراض معوية أخرى؟	<input checked="" type="checkbox"/>	
Epilepsy, or any other neurological disease هل تعاني من الصرع أو أي أمراض في الجهاز العصبي؟	<input checked="" type="checkbox"/>	
Thyroid Diseases, Diabetes هل تعاني من مرض السكري أو أمراض الغدة الدرقية؟	<input checked="" type="checkbox"/>	
Other conditions هل تعاني من أي أمراض أخرى؟ HIV...etc فيروس الإيدز، فيروس الحلا البسيط	<input checked="" type="checkbox"/>	



### 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 or 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.

I am fully aware that any payments is NON refundable

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

Date:

١٩ / ١٧ / ٢٠١٦

### نموذج اقرار طبي

أوافق و أسمح للطبيب بمعالجة حالتي المرضية التي تم شرحها لي من قبل الطبيب المختص و المؤلف.

أتفهم أن بعض الإجراءات الطبية والتشخيصية الإضافية قد تكون ضرورية من أجل تزويدي بالعلاج الأمثل و الخدمة الأفضل.

أتفهم أنه من الممكن أن يكتشف 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 تأمين لنتائج العلاجات و الإجراءات الطبية أو التجميلية المقدمة لي، كما أتفهم الأخطار و المضاعفات الناتجة عن عدم استكمال علاج حالتي المرضية.

أتفهم تماماً كافة الأخطار و المضاعفات التي قد تكون مصاحبة للعمليات و الإجراءات العلاجية و الجراحية.

و ادرك ان بعض الإجراءات التشخيصية و العلاجية و الجراحية قد تؤدي الى مضاعفات كالالتهاب أو التورم أو النزيف أو الألم أو الحساسية.

أتفهم أن هناك رسوم بالحد الأدنى يجب علي دفعها مقابل الخدمة العلاجية و أن جميع الرسوم المطلوبة يجب أن تسدد بالكامل قبل الانتهاء من العلاج.

أقر أن كافة المعلومات الطبية و التاريخ الطبي الذي قدمته لدي فتحتي الملف الصحية، و أتفهم أن أي معلومات تتعلق بحالتي الصحية ستبقى سرية تماماً و لا يمكن الإفصاح عليها دون موافقتي

أقر أن لدي المعلومات الكاملة لتقديم هذا الإقرار و ان هذا النموذج قد تم شرحه لي بالكامل و اني قد قرأت و فهمت جميع تفاصيله بالكامل و اني وقعت عليه بكامل ارادتي

انا على دراية تامة أن أي مدفوعات للمركز هي غير قابلة للاسترداد

توقيع المريض / ولي الأمر (لمن هم دون السن القانونية):

التاريخ: ... / ... / .....

استمارة تقييم المريض Patient Assessment Form

المؤشرات الحيوية Vital Signs			
Weight (الوزن):	Kg	Height (الطول): 180 cm	Blood Type (دمية الدم):
Pulse (النبض):	ppm	Blood Pressure (ضغط الدم): / - ↑	Blood Sugar (سكر الدم):

Chief Complaint سبب زيارة المريض للعيادة

weight gain to loss it.

التاريخ المرضي: Disease History

—

الحساسية: Allergies

Penicilline

الأدوية: Medications

On Medication

الحمل: Pregnancy

—

Previous Surgeries, Hospitalization  
عمليات سابقة , ادخال للمستشفى

—

Smoking (التدخين): Y / N

Drugs (تدقي العقاقير): Y / N

Alcohol (الكحول): Y / N

الملاحظات العامة و السريرية General & Clinical Findings

الفحص Examination

الصور الشعاعية Radiography

التشخيص Diagnosis

File No: .....

Date: / /

**Treatment Plan** خطة العلاج

Doctor's Signature and Stamp

.....





# InBody

Zainb - zero.

ID	051119-1	Height	180cm	Age	39	Gender	Female	Test Date / Time	05.11.2019. 14:30
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## Body Composition Analysis

Total amount of water in body	Total Body Water (L)	44.2 ( 35.5~43.3 )
For building muscles	Protein (kg)	11.9 ( 9.5~11.7 )
For strengthening bones	Minerals (kg)	4.33 ( 3.29~4.02 )
For storing excess energy	Body Fat Mass (kg)	38.2 ( 13.9~22.3 )
Sum of the above	Weight (kg)	98.6 ( 59.2~80.2 )

InBody Score

67

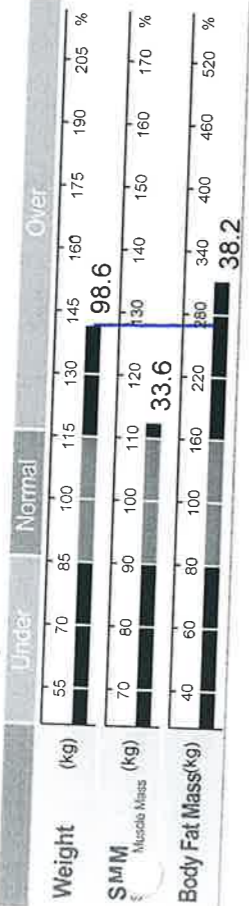
/100 Points

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

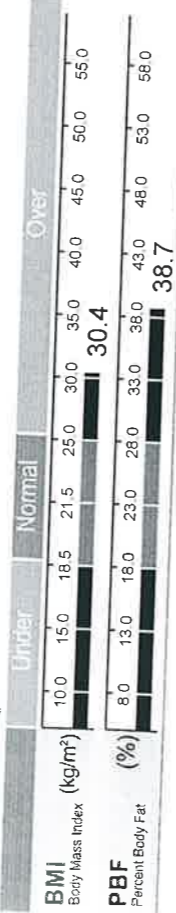
### Weight Control

Target Weight 78.5 kg  
 Weight Control -20.1 kg  
 Fat Control -20.1 kg  
 Muscle Control 0.0 kg

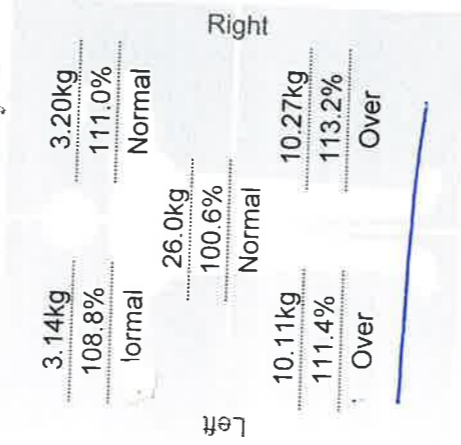
### Muscle-Fat Analysis



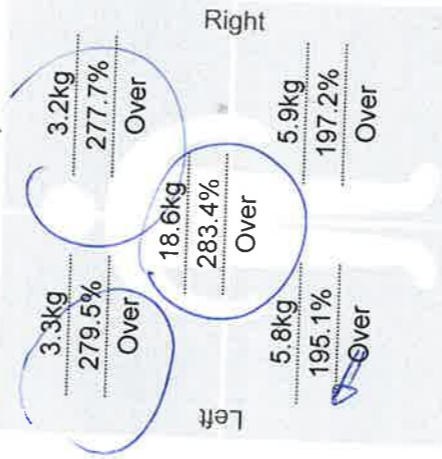
### Obesity Analysis



### Segmental Lean Analysis



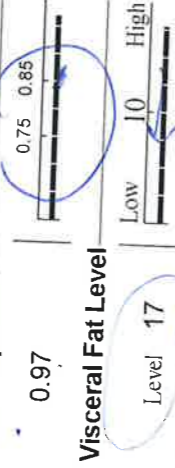
### Segmental Fat Analysis



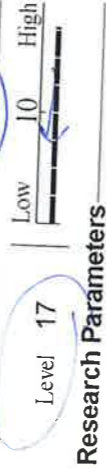
### Body Composition History

Weight (kg)	98.6
SMM (kg)	33.6
PBF (%)	38.7

### Waist-Hip Ratio



### Visceral Fat Level



### Research Parameters

Fat Free Mass 60.4 kg  
 Basal Metabolic Rate 1675 kcal ( 1846~2174 )  
 Obesity Degree 142 % ( 90~110 )  
 Recommended calorie intake 2082 kcal

### Calorie Expenditure of Exercise

Golf	174	Gateball	187
Walking	197	Yoga	197
Badminton	223	Table Tennis	223
Tennis	296	Bicycling	296
Boxing	296	Basketball	296
Mountain Climbing	321	Jumping Rope	345
Aerobics	345	Jogging	345
Soccer	345	Swimming	345
Japanese Fencing	493	Racketball	493
Squash	493	Taekwondo	493

\* 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	344.8	353.2	24.8
100 KHz	314.6	322.3	21.8	203.4
		208.3		



مركز أوركيد الطبي  
ORCHID MEDICAL CENTER

AED 1,575.00

RECEIPT VOUCHER (No.REC-005838)

Date:05-11-2019

Receive from Mr./Mrs./M/s. 1003241 - ZAINAB MOHAMMED - 971556287676

The sum of Dhs. One Thousand Five Hundred Seventy-Five Dirhams and Zero Fils Only

By Cash 0.00 / By Credit Card 1,575.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 05-11-2019

Being DIET PKG WITH 5 SESSIONS ENDYMED + VAT

Made by Rana

- 1.Any Advance refund will be accepted within 48 hours for 25% of deduction from the total amount.
- 2.Treatment includes lab cost is non-refundable.
- 3.After 48 hours No refundable accepted

Confirmed by : 1003241 - ZAINAB MOHAMMED - 971556287676

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Tel : + 9716 555 8337, Fax : + 9716 528 8130, e - mail : [info@omc1.ae](mailto:info@omc1.ae)  
[www.omc1.ae](http://www.omc1.ae)

REDAD DATA

cAEAlOEBAAs3ODQxO~

Confirm Data

Public Data Readed Succ

SHOW READED DATA

**Public Data Verification report****File Valid Signature?**

Non-Modifiable Data (SF3)	False
Modifiable Data (SF5)	False
Holder Signature Image (SF7)	False
Photography	False
Home Address	False
Work Address	False

**Card Holder Information**

Name	Zeineb,,,Ben Khafad	IDN:	784198091793210	Mother Name:	
Name (Ar)	زينب بنت محمد بن خفاد	Card Number:	080697957	Mother Name (Ar):	
Title:		Nationality:	TUN	Family ID:	
Title (Ar):		Nationality (Ar):	تونس		
Issue Date:	02/11/2016	Sex:	F	Sponsor Type:	06
Expiry Date:	30/10/2018	Date of Birth:	13/07/1980	Sponsor Name:	
Marital Status:	02	Husband IDN:		Sponsor Number:	00
Residency Type:	02	Residency Number:	20120162522314	Residency Expiry:	30/10/2018
ID Type:	IL	Occupation:	99	Occupation Field:	00

نوع الترخيص التجاري المطور و مستحضرات التجميل  
ش.ذ.م

Photo



Signature Image

<http://orchidsvr/EMID/default.aspx>

11/5/2019





DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE

MRD No. : 45119	Invoice Number : 105457	Priority : Low
Name : . ZEINAB BEN KHAFAD	Date Received : 07/11/2019 09:43:37 AM	
Age / Sex : 39 Yrs /Female	Date Performed : 10/11/2019 09:37:37 AM	
Doctor : HAMS AL-SHEIKH		

REPORT

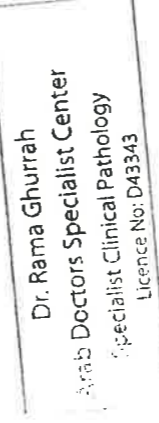
Test Name	Result	Unit	Reference Range
VITAMIN B12	355.60	pg/ml	200-1100
<u>ANEMIA</u>			
<u>BIOCHEMISTRY</u>			
LIPID PROFILE			
CHOLESTEROL TOTAL	147.00	mg/dl	< 200 < 200 < 200
CHOLESTEROL LDL	74.00	mg/dl	Optimum 1-100 Borderline 130-159 High 160-189 No risk 55-189 Moderate 35-55 High 1-35
CHOLESTEROL HDL	60.00	mg/dl	Optimum <200 Borderline 200-300 High >300
<u>TRIGLYCERIDE</u>			
VLDL	20.00	mg/dl	7-30
25 OH VITAMINE D TOTAL	33.84	ng/ml	Deficiency <10.0 Insufficiency 10-30 Sufficiency >30 Optimal 50-100

Technician

Clinician

DR.RAMA GHURRAH

Pathologist





DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE

MRD No. : 45119  
Name : ZEINAB BEN KHAFAD  
Age / Sex : 39 Yrs /Female  
Doctor : HAMS AL-SHEIKH

Invoice Number : 105457 Priority : Low  
Date Received : 07/11/2019 09:43:37 AM  
Date Performed : 10/11/2019 09:37:37 AM

REPORT

Test Name	Result	Unit	Reference Range
<u>BIOCHEMISTRY</u>			
CREATININE-SERUM	0.91	mg/dl	Adults <1.1 Adults <1.20
AST / SGOT	25.00	U/L	3-37
ALT / SGPT	18.00	U/L	3-40
ALKALINE PHOSPHATASE	55.20	U/L	40-129
<u>HEMATOLOGY &amp; COAGULATION</u>			
<u>CBC</u>			
RED BLOOD CELLS	4.38	10 <sup>6</sup> /uL	3.9-5
HGB	12.40	g/dL	12-16
HCT	36.70	%	36-48
MCV	81.00	fL	79-99
MCH	27.40	pg	27-32
MCHC	32.70	g/dL	31-37
RDW-SD	45.00	fL	37-54
RDW-CV	14.80	%	11.5-15
PLT	167.00	10 <sup>3</sup> /uL	150-400
PCT	0.19	%	0.17-0.35
MPV	11.20	fL	9-12.2
P-LCR	34.50	%	13-43
PDW	14.00	fL	9-17

Technician

Clinician

DR.RAMA GHURRAH

Pathologist

DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE

MRD No. : 45119  
Name : ZEINAB BEN KHAFAD  
Age / Sex : 39 Yrs /Female  
Doctor : HAMS AL-SHEIKH

Invoice Number : 105457 Priority : Low  
Date Received : 07/11/2019 09:43:37 AM  
Date Performed : 10/11/2019 09:37:37 AM

REPORT

Test Name Result Unit Reference Range

Test Name	Result	Unit	Reference Range
<u>HEMATOLOGY &amp; COAGULATION</u>			
WBC	5.89	10 <sup>3</sup> /uL	4-11
NEUT	58.70	%	36-71
LYMPH	32.80	%	20-50
MONO	6.80	%	6-13
EO	1.50	%	< 6
BASO	0.20	%	< 0.5
ESR	20.00	ml/hr	2-20
<u>THYROID FUNCTION HORMONS</u>			
TSH	1.77	uIU/mL	0.3 - 4.5

Technician

Clinician

DR.RAMA GHURRAH

Pathologist

Page 4 of 4

Dr. Rama Ghurrah  
Arab Doctors Specialist Center  
Specialist Clinical Pathology  
Licence No: D43343

# InBody

Zainb! 2.

ID 051119-1 | Height 180cm | Age 39 | Gender Female | Test Date / Time 24.11.2019 15:24

[InBody270]

## Body Composition Analysis

Total amount of water in my body	<b>Total Body Water</b> (L)	40.8 ( 35.5 ~ 43.3 )
What I need to build muscles	<b>Protein</b> (kg)	10.9 ( 9.5 ~ 11.7 )
What I need for strong bones	<b>Mineral</b> (kg)	4.07 ( 3.29 ~ 4.02 )
Where my excess energy is stored	<b>Body Fat Mass</b> (kg)	36.9 ( 13.9 ~ 22.3 )
Sum of the above	<b>Weight</b> (kg)	92.7 ( 59.2 ~ 80.2 )

InBody Score

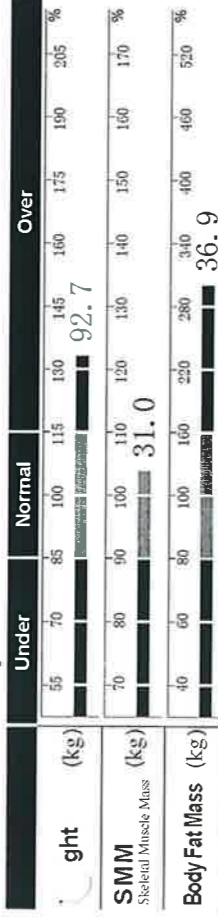
62/100 Points

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

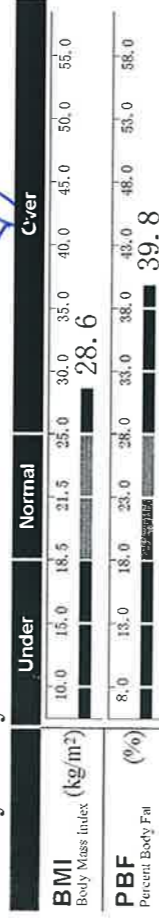
### Weight Control

Target Weight 72.4 kg  
 Weight Control -20.3 kg  
 Fat Control -20.3 kg  
 Muscle Control 0.0 kg

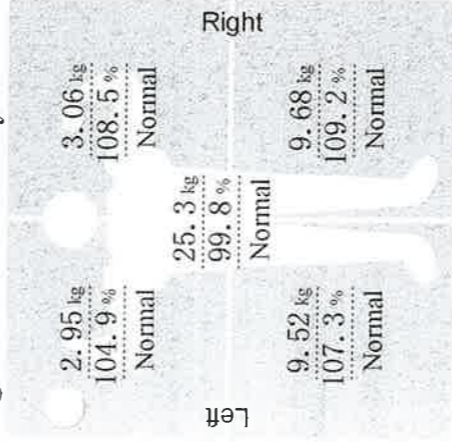
## Muscle-Fat Analysis



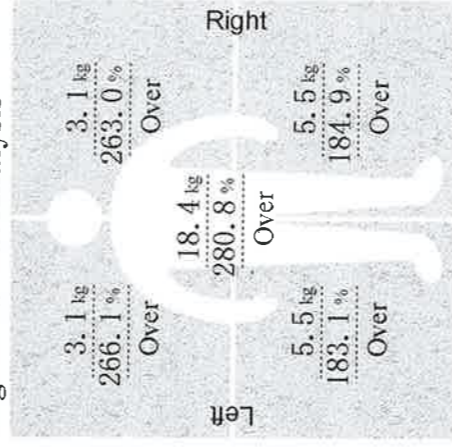
## Obesity Analysis



## Segmental Lean Analysis



## Segmental Fat Analysis



\* Segmental fat is estimated.

## Body Composition History

Weight (kg)	SMM (kg)	PBF (%)
98.6	33.6	38.7
98.3	32.9	39.9
95.4	31.9	39.7
92.7	31.0	39.8

### Research Parameters

Fat Free Mass 55.8 kg  
 Basal Metabolic Rate 1575 kcal ( 1758 ~ 2066 )  
 Obesity Degree 133 % ( 90 ~ 110 )  
 Recommended calorie intake 2020 kcal

### Calorie Expenditure of Exercise

Golf	163	Gateball	176
Walking	185	Yoga	185
Badminton	210	Table Tennis	210
Tennis	278	Bicycling	278
Boxing	278	Basketball	278
Mountain Climbing	302	Jumping Rope	324
Aerobics	324	Jogging	324
Soccer	324	Swimming	324
Japanese Fencing	464	Racketball	464
Squash	464	Taekwondo	464

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

### Impedance

RA LA TR RL LL  
 Z(ω) 20 kHz | 371.3 387.3 27.6 263.5 272.0  
 100 kHz | 337.1 351.5 25.5 234.8 243.4



# InBody

3

291996  
[InBody 270]

ID 051119-1 | Height 180cm | Age 39 | Gender Female | Test Date / Time 03.12.2019 13:28

## Body Composition Analysis

Total amount of water in my body	<b>Total Body Water</b> (L)	42.5 ( 35.5~43.3 )
What I need to build muscles	<b>Protein</b> (kg)	11.4 ( 9.5~11.7 )
What I need for strong bones	<b>Mineral</b> (kg)	4.30 ( 3.29~4.02 )
Where my excess energy is stored	<b>Body Fat Mass</b> (kg)	34.9 ( 13.9~22.3 )
Sum of the above	<b>Weight</b> (kg)	93.1 ( 59.2~80.2 )

## InBody Score

67 / 100 Points

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

## Weight Control

Target Weight 75.6 kg  
Weight Control -17.5 kg  
Fat Control -17.5 kg  
Muscle Control 0.0 kg

## Obesity Evaluation

BMI  Normal  Under  Slightly Over  Over  
PBF  Normal  Slightly Over  Over

## Waist-Hip Ratio

1.00

## Visceral Fat Level

Level 16

## Research Parameters

Fat Free Mass 58.2 kg  
Basal Metabolic Rate 1627 kcal ( 1764~2073 )  
Obesity Degree 134 % ( 90~110 )  
Recommended calorie intake 2024 kcal

## Calorie Expenditure of Exercise

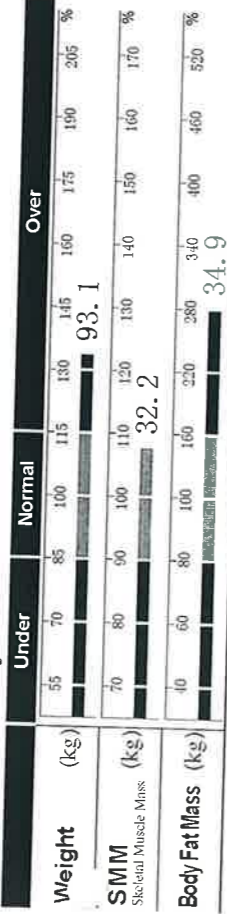
Golf	164	Gateball	177
Walking	186	Yoga	186
Badminton	210	Table Tennis	210
Tennis	279	Bicycling	279
Boxing	279	Basketball	279
Mountain Climbing	304	Jumping Rope	326
Aerobics	326	Jogging	326
Soccer	326	Swimming	326
Japanese Fencing	466	Racketball	466
Squash	466	Taekwondo	466

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

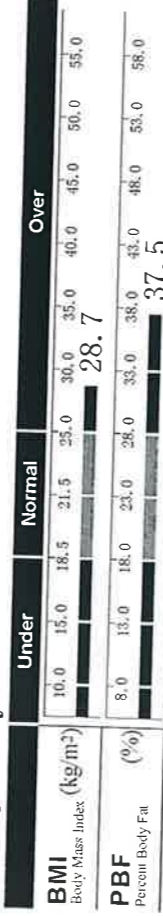
## Impedance

RA LA TR RL LL  
Z(Ω) 20 kHz | 361.3 374.8 23.5 251.5 269.9  
100 kHz | 329.8 342.3 21.3 227.0 243.0

## Muscle-Fat Analysis

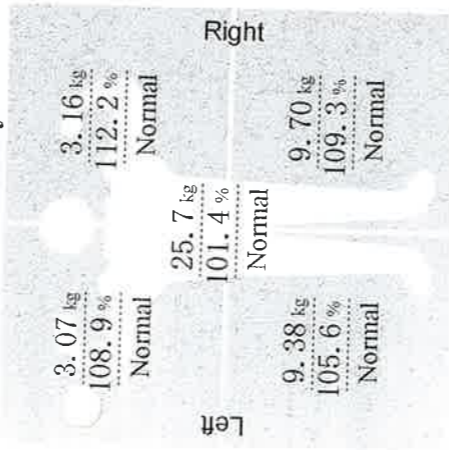


## Obesity Analysis

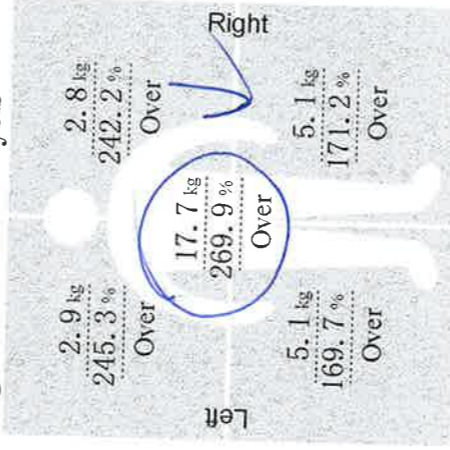


Lean Mass % Evaluation

## Segmental Lean Analysis

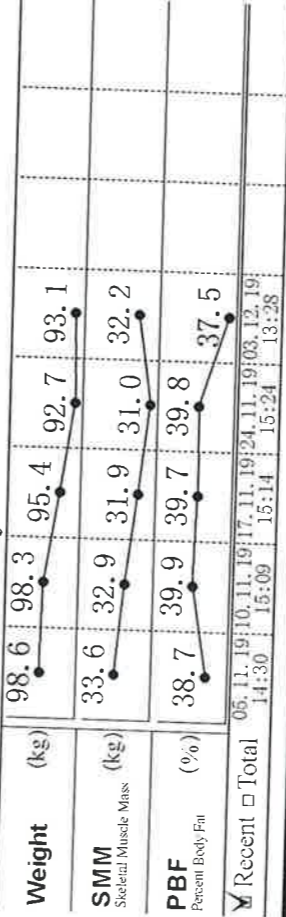


## Segmental Fat Analysis



\* Segmental fat is estimated.

## Body Composition History



270-2DM-0340/470AS-A115/F91S02752

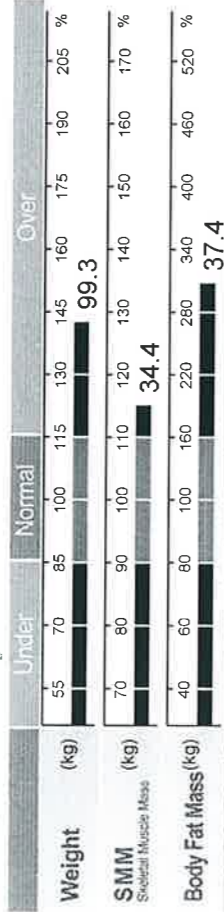


ID 051119-1 | Height 180cm | Age 39 | Gender Female | Test Date / Time 09.02.2020. 15:31

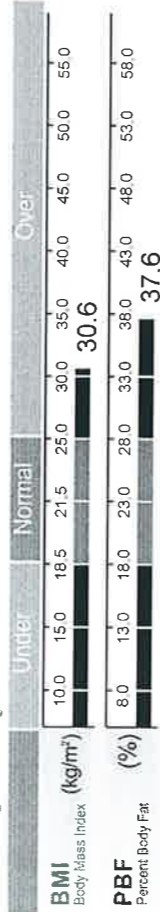
## Body Composition Analysis

Total amount of water in body	Total Body Water (L)	45.3 ( 35.5~43.3 )
For building muscles	Protein (kg)	12.0 ( 9.5~11.7 )
For strengthening bones	Minerals (kg)	4.55 ( 3.29~4.02 )
For storing excess energy	Body Fat Mass (kg)	37.4 ( 13.9~22.3 )
Sum of the above	Weight (kg)	99.3 ( 59.2~80.2 )

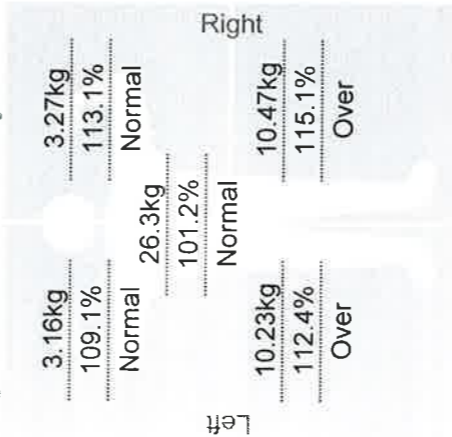
## Muscle-Fat Analysis



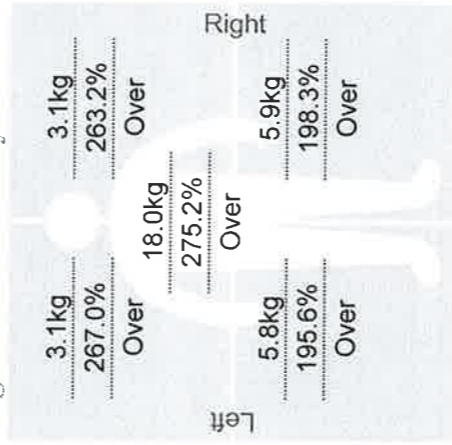
## Obesity Analysis



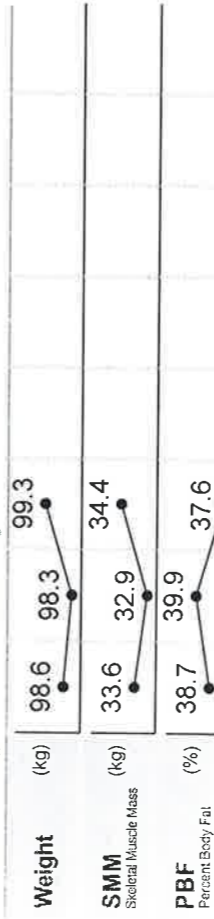
## Segmental Lean Analysis



## Segmental Fat Analysis



## Body Composition History



## InBody Score

69 / 100 Points

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

## Weight Control

Target Weight 80.5 kg  
 Weight Control - 18.8 kg  
 Fat Control - 18.8 kg  
 Muscle Control 0.0 kg

## Obesity Evaluation

BMI  Normal  Under  Slightly Over  Over  
 PBF  Normal  Slightly Over  Over

## Waist-Hip Ratio

0.95 ( 0.75 - 0.85 )

## Visceral Fat Level

Level 16 ( Low 10 High )

## Research Parameters

Fat Free Mass 61.9 kg  
 Basal Metabolic Rate 1708 kcal  
 Obesity Degree 143 % ( 90~110 )  
 Recommended calorie intake 2089 kcal

## Calorie Expenditure of Exercise

Golf	175	Gateball	189
Walking	199	Yoga	199
Badminton	224	Table Tennis	224
Tennis	298	Bicycling	298
Boxing	298	Basketball	298
Hiking	324	Jumping Rope	348
Aerobics	348	Jogging	348
Soccer	348	Swimming	348
Japanese Fencing	497	Racketball	497
Squash	497	Taekwondo	497

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

## Impedance

RA LA TR RL LL  
 Z(Ω) 20 kHz | 348.1 364.2 22.3 220.3 228.0  
 100 kHz | 315.6 330.4 19.6 198.8 206.9

\* Segmental fat is estimated.

# InBody

ID 051119-1 | Height 180cm | Age 39 | Gender Female | Test Date / Time 23.02.2020, 15:19

1.5 Fat

## Body Composition Analysis

Total amount of water in body	Total Body Water (L)	46.3 ( 35.5~43.3 )
For building muscles	Protein (kg)	12.3 ( 9.5~11.7 )
For strengthening bones	Minerals (kg)	4.66 ( 3.29~4.02 )
For storing excess energy	Body Fat Mass (kg)	37.0 ( 13.9~22.3 )
Sum of the above	Weight (kg)	100.3 ( 59.2~80.2 )

## InBody Score

**72** / 100 Points

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

## Weight Control

Target Weight 82.2 kg  
 Weight Control - 18.1 kg  
 Fat Control - 18.1 kg  
 Muscle Control 0.0 kg

## Obesity Evaluation

BMI  Normal  Under  Slightly Over  Over  
 PBF  Normal  Slightly Over  Over

## Waist-Hip Ratio

0.93

## Visceral Fat Level

Level 16

## Research Parameters

Fat Free Mass 63.3 kg  
 Basal Metabolic Rate 1737 kcal  
 Obesity Degree 144 % ( 90~110 )  
 Recommended calorie intake 2100 kcal

## Calorie Expenditure of Exercise

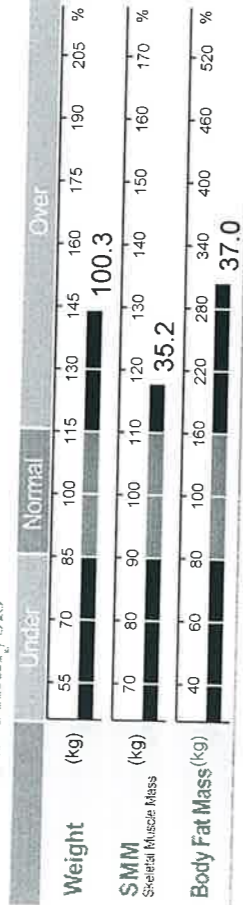
Golf	177	Gateball	191
Walking	201	Yoga	201
Badminton	227	Table Tennis	227
Tennis	301	Bicycling	301
Boxing	301	Basketball	301
Hiking	327	Jumping Rope	351
Aerobics	351	Jogging	351
Soccer	351	Swimming	351
Japanese Fencing	502	Racketball	502
Squash	502	Taekwondo	502

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

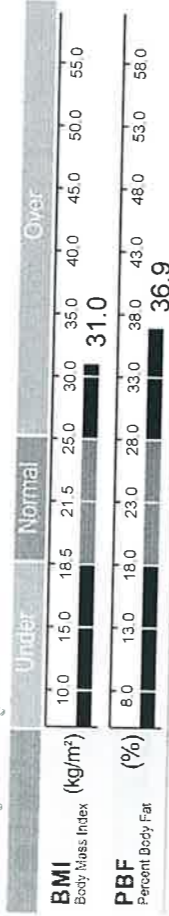
## Impedance

RA LA TR RU LL  
 Z(Ω) 20 kHz 340.1 347.3 21.6 208.4 209.9  
 100 kHz 309.8 316.5 19.0 188.7 191.0

## Muscle-Fat Analysis

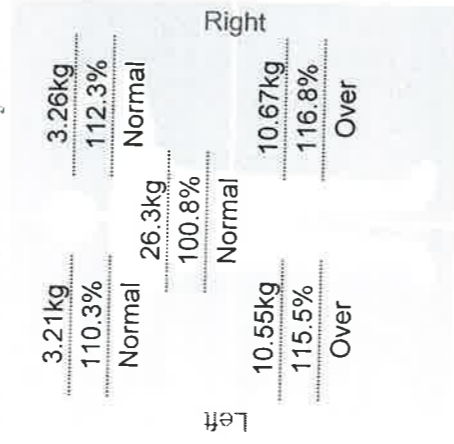


## Obesity Analysis



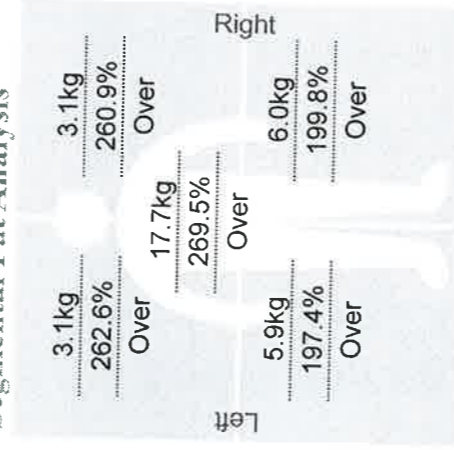
Lean Mass % Evaluation

## Segmental Lean Analysis



Fat Mass % Evaluation

## Segmental Fat Analysis



\* Segmental fat is estimated.

## Body Composition History

