

**ACEBED OPTICAL**  
**FREE EYE CHECK-UP**

Ground floor, in front of  
**JOYO Gaming HUB**

**RIGHT EYE:**

**LEFT EYE:**

Polyclinics & Diagnostic Center, Inc.  
 APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
 232-2273/266-3245  
 scarecebu.com

**SERVICE ORDER**



Priority No.	0073
SO No.	445481
S.O Date	12/18/2023
Terms	30 Days
Amount Due	P800.00

**STAFFING SOLUTIONS**  
 PIPINES 6000, Cebu City (Capital), Cebu

**PATIENT INFORMATION**

**PATIENT ID** : 089813  
**PATIENT NAME** : AMPO, RHIGINE MIE, AMPASIN  
**PATIENT ADDRESS** : Tisa, Cebu City (Capital), Cebu  
**MOBILE NO.** : 0920 217 2062  
**EMAIL ADDRESS** : RHIGINEAMPO999@GMAIL.COM  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY



**GENDER** : Female  
**BIRTHDATE** : 09/27/1999  
**AGE** : 24  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPL/PEME »PE, CHEST X, CBC, UA, SE waived DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)	1.0	800.00	800.00

SUMMARY OF CHARGES	
TOTAL SALES	800.00
VARIABLE SALES	0.00
V-A-T	0.00
SC/PWD DISCOUNT	0.00
AMOUNT DUE	800.00

<b>PREPARED BY:</b> Arissa Marie L. Arronion	<b>ACKNOWLEDGED BY:</b> <i>[Signature]</i> Signature Over Printed Name	<b>VALIDATED</b> VERIFIED BY: <b>BY:</b> Signature Over Printed Name
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I acknowledge that I was duly informed by Home Care Alpha employee to pay the above mentioned tests, I have reviewed the prices listed on the SO and agree to the changes associated with the products and services.

\*\*\* THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM \*\*\*