

SERVICE ORDER



Priority No.	0105
SO No.	453441
S.O Date	02/19/2024
Terms	30 Days
Amount Due	P800.00

lyclinics & Diagnostic Center, Inc.
 Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 -2273/266-3245
 cebu.com

ACEBEDO OPTICAL
FREE EYE CHECK-UP

Ground floor, in front of
JOYO Gaming HUB

RIGHT EYE:

LEFT EYE:

G SOLUTIONS
 ES 6000, Cebu City (Capital), Cebu

PATIENT INFORMATION

PATIENT ID : 095175
 PATIENT NAME : CAÑETE, RICSHELLE ANN, .
 PATIENT ADDRESS : Busay (Pob.), Cebu City (Capital), Cebu
 MOBILE NO. : 0931 101 0215
 EMAIL ADDRESS :
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY

GENDER : Female
 BIRTHDATE : 07/05/2002
 AGE : 21
 CIVIL STATUS : Single
 SC/PWD ID :
 HMO CARD NO. :
 PATIENT STATUS : FOR EMPLOYMENT



CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME *PE CHEST PA, CBC, UA, SE ^N DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)	1.00	800.00	800.00

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

PREPARED BY:

Arissa Marie L. Armenion

ACKNOWLEDGED BY:

Signature Over Printed Name

VERIFIED BY:
VALIDATED

Signature Over Printed Name

BY: Date Created: 02/19/2024 01:09 PM

I acknowledge that I was duly informed by Prime 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 ***