



**ACEBED OPTICAL**  
**FREE EYE CHECK-UP**  
Ground floor, in front of  
**JOYO Gaming HUB**  
RIGHT EYE:  
LEFT EYE:

**Polyclinics & Diagnostic Center, Inc.**  
1 Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
2-2273/266-3245  
alpha.ph

Priority No.	0008
SO No.	458297
S.O Date	04/02/2024
Terms	30 Days
Amount Due	P800.00

**IPLOY SOLUTIONS**  
CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu

**PATIENT INFORMATION**

**PATIENT ID** : 098458  
**PATIENT NAME** : EMPIMO, RUDIE MARK, PARRILLA  
**PATIENT ADDRESS** : Guadalupe, Cebu City (Capital), Cebu  
**MOBILE NO.** : 0951 802 0081  
**EMAIL ADDRESS** :  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY



**PRIME CARE**  
ALPHA

**GENDER** : Male  
**BIRTHDATE** : 08/17/2001  
**AGE** : 22  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

CODE	ARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME »PE, CHEST PA, UA, SE 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

*no. reviewed*

**BIOMETRICS DONE**  
DATE: 4/2/24

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

<b>PREPARED BY:</b> Arissa Marie L. Armenion	<b>ACKNOWLEDGED BY:</b>  Signature Over Printed Name	<b>VALIDATED</b> VERIFIED BY:  BY: Signature Over Printed Name
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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.