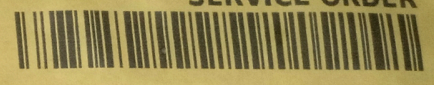


ACEBEDO OPTICAL
FREE EYE CHECK-UP
 Ground floor, in front of
 IGO Building
RIGHT EYE:
LEFT EYE:

Prime Care Alpha Clinics & Diagnostic Center, Inc.
 Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 2-2273/266-3245
 alpha.ph

SERVICE ORDER



| | |
|--------------|------------|
| Priority No. | 0007 |
| SO No. | 462202 |
| S.O Date | 05/13/2024 |
| Terms | 30 Days |
| Amount Due | P800.00 |

IPLOY STAFFING SOLUTIONS
 Cebu City (Capital)

5/21/24
 OTHERWISE, YOU WILL HAVE TO
 PAY P

PATIENT INFORMATION

PATIENT ID : 100140
PATIENT NAME : CODERA, MA. DONNA, ANCERA
PATIENT ADDRESS : Canduman, Mandaue City, Cebu
MOBILE NO. : 0949 172 6217
EMAIL ADDRESS : mariadonnacodera@gmail.com
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Female
BIRTHDATE : 02/01/2002
AGE : 22
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

BIOMETRICS DONE
DATE: MAY 13 2024

| CODE | PARTICULARS/PROCEDURE | QTY | UNIT PRICE | AMOUNT | SUMMARY OF CHARGES |
|------|---|------|------------|--------|---|
| P127 | IPLOY PEME | 1.00 | 800.00 | 800.00 | TOTAL SALES : 800.00 |
| | PE, CHEST PA, CBC (UA) (USE) DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.) | | | | VARIABLE SALES : 0 V-A-T : 0 SC/PWD DISCOUNT : AMOUNT DUE : 800.00 |

Armenion

PREPARED BY:

Arissa Marie L. Armenion

ACKNOWLEDGED BY:

Signature Over Printed Name

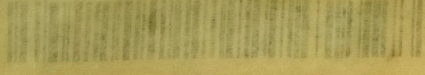
VERIFIED BY:
VALIDATED
 Signature Over Printed Name

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.

BY: _____ Date Created: 05/13/2024

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

SERVICE ORDER



Lab Group Polyclinic & Diagnostic Center, Inc.
2nd Level, APM Center, A. Soriano Jr. Ave., NRA, Mabalacat, Cebu City
Tel # (032) 532-2272/266-3242
www.primecarelab.ph

| | |
|------------|--------------|
| 0007 | Priority No. |
| 481202 | SO No. |
| 05/13/2024 | S.O. Date |
| 30 Days | Terms |
| 8800.00 | Amount Due |

DEWAIVED

Prime CARE ALPHA

Female
021012002
BIRTHDATE
AGE
Single
CIVIL STATUS
PATIENT STATUS

Test/s Waived: ST
 Date: MAY 13 2024 Time: 9:18 AM
 Patient: [Signature] LPH: [Signature]

| SUMMARY OF CHARGES | |
|--------------------|-----------------|
| 800.00 | TOTAL SALES |
| 0.00 | VARIABLE SALES |
| 0.00 | V-A-T |
| 0.00 | SCIPWD DISCOUNT |
| 0.00 | AMOUNT DUE |

VALIDATED
Signature Over Printed Name

ACKNOWLEDGED BY:
Signature Over Printed Name

PREPARED BY:
Allises Marie L. Armonion

Page 1 of 1
 I acknowledge that I was duly informed by Prime Care Alpha employees to pay the above mentioned test. I have reviewed the prescribed on the (SO) and agree to the charges associated with the products and services.
 *** THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM ***