



Republic of the Philippines
Province of Bohol
Municipality of Sevilla
Barangay Cabancalan

OFFICE OF THE PUNONG BARANGAY

BARANGAY CLEARANCE

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY that KAREN P. CARMONA, a resident of Cabancalan, Sevilla, Bohol. She is cleared from all the obligations of this barangay, and she has full satisfied/paid whatever liabilities she may have incurred as resident of this barangay in coordination with the Purok /district where she belongs.

ISSUED on this 9th day of May 2024 upon the request of KAREN P. CARMONA for whatever legal purpose it may serve.


MARIA- WELINA M. BARRETE
Punong Barangay

Paid under O.R. # : 7758168

Date : 05/09/24

Doc. Stamp : 30.00

Amount : P50.00

Issued at Cabancalan, Sevilla, Bohol, Philippines.

NOT VALID WITHOUT SEAL



ACEBEDO OPTICAL
FREE EYE CHECK-UP

Grand floor in front of

JOVO Gaming

RIGHT EYE:

LEFT EYE:

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

ING SOLUTIONS
NES 6000, Cebu City (Capital), Cebu

Priority No.	0007
SO No.	462309
S.O Date	05/14/2024
Terms	30 Days
Amount Due	P800.00



PATIENT INFORMATION

PATIENT ID : 100204
 PATIENT NAME : CARMONA, KAREN, PALAPAR
 PATIENT ADDRESS : Luz, Cebu City (Capital), Cebu
 MOBILE NO. : 0910 855 5985
 EMAIL ADDRESS :
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY

GENDER : Female
 BIRTHDATE : 01/08/2002
 AGE : 22
 CIVIL STATUS : Single
 SC/PWD ID :
 HMO CARD NO. :
 PATIENT STATUS : FOR EMPLOYMENT

Prime CARE

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME PE, CHEST PA, CBC, UA, SE. <i>Waived</i> 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
VARIABLE SALES	0.00
V-A-T	0.00
SC/PWD DISCOUNT	0.00
AMOUNT DUE	800.00

BIOMETRICS DONE
DATE MAY 14 2024

PREPARED BY: Arissa Marie L. Armenion	ACKNOWLEDGED BY: Signature Over Printed Name	VERIFIED BY: VALIDATED BY: Signature Over Printed Name
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Page 1 of 1 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. Date Created: 05/14/2024 07:42 AM

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