

**FREE EYE CHECK-UP**

Beside Cashier Counter

RIGHT EYE:

LEFT EYE:

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



**SERVICE ORDER**

Priority No.	
SO No.	0008
S.O Date	472094
Terms	08/27/2024
Amount Due	30 Days
	P800.00

**PRIME CARE SOLUTIONS**  
16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City  
(Capital), Cebu  
09177097074 / 09171575430

**PATIENT INFORMATION**

PATIENT ID : 104675  
 PATIENT NAME : AYES, JAZZY JAM, BERIDA  
 PATIENT ADDRESS : Apas, Cebu City (Capital), Cebu  
 MOBILE NO. : 0927 605 0627  
 EMAIL ADDRESS : jazzy.ayes@gmail.com  
 REQUESTING PHYSICIAN :  
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS  
 RESULT DELIVERY : DELIVERY

GENDER : Female  
 BIRTHDATE : 10/29/2003  
 AGE : 20  
 CIVIL STATUS : Single  
 SC/PWD ID :  
 HMO CARD NO. :  
 PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME	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

*Montage*  
 CHEST PA  CBC  UA  SF   
 DRUG TEST  (NOTE PLEASE COMPLY ALL  
 THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU  
 WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT  
 AVAILMENT.)

**PRIME CARE**  
 Bio Dru  
 8 = mesm

<b>PREPARED BY:</b> Arissa Marie L. Armenion	<b>ACKNOWLEDGED BY:</b> <i>8/27/24</i> Signature Over Printed Name	<b>VALIDATED</b> BY: Signature Over Printed Name
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