FREE EYE CHECK-UP
Beside Cashier Counter
RIGHT EYE:
LEFT EYE:

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

SERVICE ORDER

Priority No.	0011
SO No.	472097
S.O Date	08/27/2024
Terms	30 Days
Amount Due	₱800.00

[000160] ... G SOLUTIONS
16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City (Capital), Cebu
09177097074 / 09171575430

PATIENT INFORMATION

PATIENT ID	: 104678	GENDER	: Male
PATIENT NAME	: ROJO, JOSHUA CAMERON, YLAYA	BIRTHDATE	: 04/15/2001
PATIENT ADDRESS	: Zapatera, Cebu City (Capital), Cebu	AGE	: 23
MOBILE NO.	: 0967 184 4997	CIVIL STATUS	: Single
EMAIL ADDRESS	: rojo.joshua@gmail.com	SC/PWD ID	:
REQUESTING PHYSICIAN	:	HMO CARD NO.	:
COMPANY/REFERRED BY	: IPLOY STAFFING SOLUTIONS	PATIENT STATUS	: FOR EMPLOYMENT
RESULT DELIVERY	: DELIVERY		

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME XPE ___, CHEST PA ___, CBC ___, 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

Prime CARE ALPHA

Bio Done 8/27/24

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

PREPARED BY:

Arissa Marie L. Armenion

ACKNOWLEDGED BY:

Signature Over Printed Name

VALIDATED

CERTIFIED BY:

BY: _____

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.

Date Created: 08/27/2024 07:33 AM

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