

FREE EYE CHECK-UP

Beside Cashier Counter

RIGHT EYE: 70/70

LEFT EYE: 70/70

yclinics & Diagnostic Center, Inc.

Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City

2273/266-3245

alpha.ph

SERVICE ORDER



Priority No.	0045
SO No.	472652
S.O Date	09/02/2024
Terms	30 Days
Amount Due	P800.00

SOLUTIONS

16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City

(Capital), Cebu

09177097074 / 09171575430

PATIENT INFORMATION

PATIENT ID : 104918
 PATIENT NAME : DICDICAN, JENY MAE, .
 PATIENT ADDRESS : Lahug (Pob.), Cebu City (Capital), Cebu
 MOBILE NO. : 0956 155 0791
 EMAIL ADDRESS : dicdicanjenymae@gmail.com
 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



CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME »PE CHEST PA EBC 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	TOTAL SALES : 800.00 PATABLE 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

VERIFIED BY:

BY:

Signature Over Printed Name

