

# FREE EYE CHECK-UP

Beside Cashier Counter

RIGHT EYE: 20/20 w/glasses

LEFT EYE: 20/20 w/glasses

**Polyclinics & Diagnostic Center, Inc.**  
 PM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
 232-2273/266-3245  
 arealpha.ph

## SERVICE ORDER



Priority No.	0008
SO No.	472613
S.O Date	09/02/2024
Terms	30 Days
Amount Due	P800.00

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

### PATIENT INFORMATION

**PATIENT ID** : 104895  
**PATIENT NAME** : CABANLIT, BEA BIANCA, NAVARRO  
**PATIENT ADDRESS** : Labangon, Cebu City (Capital), Cebu  
**MOBILE NO.** : 0967 175 2376  
**EMAIL ADDRESS** :  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY



**GENDER** : Female  
**BIRTHDATE** : 06/21/2001  
**AGE** : 23  
**CIVIL STATUS** : Single  
**SC/PWD ID** : 2022-637  
**HMO CARD NO.** :  
**PATIENT STATUS** : WALK-IN

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME »PE, 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	800.00	800.00

**PRIME CARE  
 ALPHA**

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

<b>PREPARED BY:</b> Arissa Marie L. Armenion	<b>ACKNOWLEDGED BY:</b> <i>BLO</i> 9/2/24 Signature Over Printed Name	<b>VERIFIED BY:</b> <b>VALIDATED</b> BY: _____ Signature Over Printed Name
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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: 09/02/2024 08:05 AM

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