

FREE EYE CHECK-UP

Beside Cashier Counter

RIGHT EYE: 10/20 w/ glasses

LEFT EYE: 10/20 w/ glasses

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



SERVICE ORDER

Priority No.	
SO No.	0074
S.O Date	472682
Terms	09/02/2024
Amount Due	30 Days P800.00

SOLUTIONS
[000100] IPLOY STAFFING SOLUTIONS
16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City
(Capital), Cebu
09177097074 / 09171575430

PATIENT INFORMATION

PATIENT ID : 104933
 PATIENT NAME : ASTILLERO, LYCA MARIE, TEJANO
 PATIENT ADDRESS : T. Padilla, Cebu City (Capital), Cebu
 MOBILE NO. : 0926 597 2252
 EMAIL ADDRESS : lycamarietejano@gmail.com
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY

GENDER : Female
 BIRTHDATE : 05/03/1995
 AGE : 29
 CIVIL STATUS : Married
 SC/PWD ID :
 HMO CARD NO. :
 PATIENT STATUS : FOR EMPLOYMENT

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.)	1.00	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



PRIME CARE
ALPHA

PREPARED BY:

Arissa Marie L. Armenion

ACKNOWLEDGED BY:

Signature Over Printed Name

VALIDATED

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: 09/02/2024 01:13 PM

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