

# SERVICE ORDER



**FREE EYE CHECK-UP**

Beside Cashier Counter

RIGHT EYE:

LEFT EYE:

Polyclinics & Diagnostic Center, Inc.  
Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
2-2273/266-3245  
alpha.ph

Priority No.	0005
SO No.	473582
S.O Date	09/13/2024
Terms	30 Days
Amount Due	P800.00

**[000160] IPLOY STAFFING SOLUTIONS**

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

**PATIENT INFORMATION**

**PATIENT ID** : 105415  
**PATIENT NAME** : ALAMODIN, SYRALYN, OMAGAP  
**PATIENT ADDRESS** : Apas, Cebu City (Capital), Cebu  
**MOBILE NO.** : 0997 896 2568  
**EMAIL ADDRESS** : sairamodin@gmail.com  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY



**GENDER** : Female  
**BIRTHDATE** : 12/10/2000  
**AGE** : 23  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

**PRIME CARE**

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

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.)

**BIOMETRICS DONE**  
DATE:

**SEP 13 2024**

<b>PREPARED BY:</b> Arissa Marie L. Armenion	<b>ACKNOWLEDGED BY:</b>  Signature Over Printed Name	<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: 09/13/2024 07:29 AM

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