

FREE EYE CHECK-UP

Beside Cashier Counter

RIGHT EYE:

LEFT EYE:

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

SERVICE ORDER



| | |
|--------------|------------|
| Priority No. | 0071 |
| SO No. | 473650 |
| 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 City
(Capital), Cebu
09177097074 / 09171575430

PATIENT INFORMATION

PATIENT ID : 105446
 PATIENT NAME : CELERA, GERALD JAMES, INSON
 PATIENT ADDRESS : Luz, Cebu City (Capital), Cebu
 MOBILE NO. : 0985 851 8436
 EMAIL ADDRESS : geraldjamescelera@gmail.com
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY

GENDER : Male
 BIRTHDATE : 06/02/2003
 AGE : 21
 CIVIL STATUS : Single
 SC/PWD ID :
 HMO CARD NO :
 PATIENT STATUS : FOR EMPLOYMENT

PRIME CARE
ALPHA

| CODE | PARTICULARS/PROCEDURE | QTY | UNIT PRICE | AMOUNT | SUMMARY OF CHARGES |
|------|--|------|------------|--------|--|
| P127 | IPLOY PEME »PEL, CHEST PA, UA, SE DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TESTS 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 VARIABLE SALES : 0.00 V-A-T : 0.00 SC/PWD DISCOUNT : 0.00 AMOUNT DUE : 800.00 |

Bio Done
9/13/24

| | | |
|---|---|--|
| PREPARED BY: Juvelyn M. Ursal | 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.

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