

**FREE EYE CHECK-UP**

Beside Cashier Counter

RIGHT EYE:

LEFT EYE:

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

**SERVICE ORDER**



[000160] IPLOY STAFFING SOLUTIONS  
16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City  
(Capital), Cebu  
09177097074 / 09171575430

Priority No.	0018
SO No.	475195
S.O Date	10/01/2024
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**



PATIENT ID : 106121  
PATIENT NAME : CATALO, NOEL EZEKIEL IV, ABUD  
PATIENT ADDRESS : Cotcot, Liloan, Cebu  
MOBILE NO. : 0936 670 0196  
EMAIL ADDRESS :  
REQUESTING PHYSICIAN :  
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS  
RESULT DELIVERY : DELIVERY

GENDER : Male  
BIRTHDATE : 04/26/1992  
AGE : 32  
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 PAIN, 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: OCT 01 2024

<b>PREPARED BY:</b> Arissa Marie L. Armenion	<b>ACKNOWLEDGED BY:</b> _____ Signature Over Printed Name	<b>VERIFIED BY:</b> <b>VALIDATED</b> _____ Signature Over Printed Name
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Page 1 of 1 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.

BY: \_\_\_\_\_  
Date created: 10/01/2024 08:02 AM

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