

FREE EYE CHECK-UP

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

SERVICE ORDER



Beside Cashier Counter

RIGHT EYE: 20/25

LEFT EYE: 20/25

[000160] IPLOY STAFFING SOLUTIONS

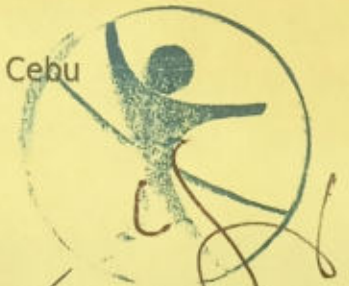
16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City
(Capital), Cebu
09177097074 / 09171575430

Priority No.	0046
SO No.	475777
S.O Date	10/07/2024
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 106451
PATIENT NAME : MARTINEZ, ANGELICA, .
PATIENT ADDRESS : Buaya, Lapu-Lapu City (Opon), Cebu
MOBILE NO. : 0912 264 9445
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Female
BIRTHDATE : 04/07/2002
AGE : 22
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT



CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME »PE <u>2</u> , CHEST PA <u>2</u> , CBC <u>M</u> , UA <u>0</u> , SE <u>WKL</u> 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
BIOMETRICS DONE
DATE: OCT 07 2024

PREPARED BY: Floren A. Manigos	ACKNOWLEDGED BY: Signature Over Printed Name	VERIFIED BY: VALIDATED 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.