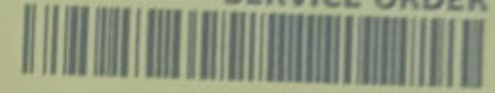


FREE EYE CHECK-UP

Beside Cashier Counter
 RIGHT EYE: *10/25*
 LEFT EYE: *10/25*

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

SERVICE ORDER

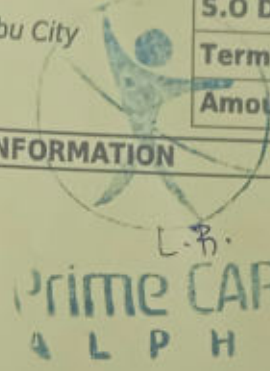


Priority No.	0052
SO No.	477275
S.O Date	10/21/2024
Terms	30 Days
Amount Due	P800.00

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

PATIENT INFORMATION

PATIENT ID : 107048
 PATIENT NAME : TUÑACAO, MARIA CRYSTAL, ESTERA
 PATIENT ADDRESS : Poblacion Oriental, Consolacion, Cebu
 MOBILE NO. : 0975 378 9975
 EMAIL ADDRESS :
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY



GENDER : Female
 BIRTHDATE : 09/23/1992
 AGE : 32
 CIVIL STATUS : Single
 SC/PWD ID :
 HMO CARD NO. :
 PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME »PE <u> </u> , CHEST PA <u> </u> , CBC <u> </u> , UA <u> </u> , SE <u> </u> DRUG TEST <u> </u> (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	TOTAL SALES : 800.00 VATABLE SALES : 0.00 V-A-T : 0.00 SC/PWD DISCOUNT : 0.00 AMOUNT DUE : 800.00

BIOMETRICS DONE
 DATE: **OCT 21 2024**

PREPARED BY: Cristian Mill B. Mesa	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.

BY: Date Created: 10/21/2024 11:12 AM

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