

FREE EYE CHECK-UP

Beside Cashier Counter

RIGHT EYE: *W 15*

LEFT EYE: *W 15*

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

SERVICE ORDER



[000160] IPLOY STAFFING SOLUTIONS

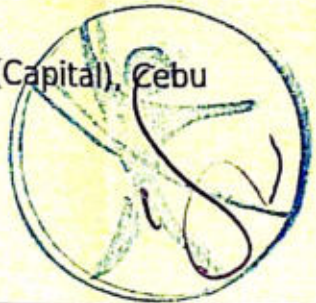
16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City
(Capital), Cebu
09177097074 / 09171575430

Priority No.	0037
SO No.	477254
S.O Date	10/21/2024
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 107040
 PATIENT NAME : GAMALI, AILEEN, GONZAGA
 PATIENT ADDRESS : BANAWA, Guadalupe, Cebu City (Capital), Cebu
 MOBILE NO. : 0969 204 0124
 EMAIL ADDRESS : aileen.gamali93@gmail.com
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS\
 RESULT DELIVERY : DELIVERY

GENDER : Female
 BIRTHDATE : 10/07/1993
 AGE : 31
 CIVIL STATUS : Single
 SC/PWD ID :
 HMO CARD NO. :
 PATIENT STATUS : FOR EMPLOYMENT



CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME PE, CHEST P, 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.)	1.00	800.00	800.00

PRIME CARE ALPHA

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

PREPARED BY:

Arissa Marie L. Armenion

ACKNOWLEDGED BY:

BLO 10/21/24

Signature Over Printed Name

VALIDATED

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.