

**FREE EYE CHECK-UP**

Beside Cashier Counter

RIGHT EYE: *20/20*  
LEFT EYE: *20/20*

**Prime Care Alpha Clinics & Diagnostic Center, Inc.**  
Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
2-2273/266-3245  
alpha.ph

**SERVICE ORDER**



|              |                |
|--------------|----------------|
| Priority No. | 0070           |
| SO No.       | 477937         |
| S.O Date     | 10/28/2024     |
| Terms        | 30 Days        |
| Amount Due   | <b>P800.00</b> |

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

**PATIENT INFORMATION**

**PATIENT ID** : 107317  
**PATIENT NAME** : QUINDAO, HERSHEY DEANNE, PEÑAS  
**PATIENT ADDRESS** : Lapu-Lapu City (Opon), Cebu  
**MOBILE NO.** : 0927 821 6506  
**EMAIL ADDRESS** : hquindao@gmail.com  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

**GENDER** : Female  
**BIRTHDATE** : 06/04/1999  
**AGE** : 25  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

| CODE | PARTICULARS/PROCEDURE  | QTY  | UNIT PRICE | AMOUNT |
|------|--|------|------------|--------|
| P127 | IPLOY PEME<br>»PE, CHEST PA, CBC, UA, SE<br>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 |

*Signature*  
**PRIME CARE**  
 Alpha  
 Lapu-Lapu City

**PREPARED BY:**  
*Juwelyn N. Ursal*

**ACKNOWLEDGED BY:**  
\_\_\_\_\_  
Signature Over Printed Name

**VALIDATED BY:**  
*[Signature]*  
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 \*\*\*