

FREE EYE CHECK-UP

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

SERVICE ORDER



Beside Cashier Counter

RIGHT EYE: *10/25*

LEFT EYE: *10/25*

[000160] IPLOY STAFFING SOLUTIONS

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

Priority No.	0074
SO No.	479197
S.O Date	11/11/2024
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 110962
 PATIENT NAME : REMOLINO, FREIYA MAE, GUBATON
 PATIENT ADDRESS : Jampang, Argao, Cebu
 MOBILE NO. : 0945 699 0334
 EMAIL ADDRESS :
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY

GENDER : Female
 BIRTHDATE : 11/27/2001
 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 CHEST PA, CBC, UA, SE <i>Sevised</i> 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
VATABLE SALES	0.00
V-A-T	0.00
SC/PWD DISCOUNT	0.00
AMOUNT DUE	800.00



Prime CARE
ALPHA

PREPARED BY:

Arissa Marie L. Armenion

ACKNOWLEDGED BY:

[Signature]

Signature Over Printed Name

VALIDATED

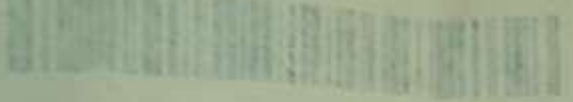
BY:

Signature Over Printed Name



Medgroup Physicians & Diagnostic Center, Inc.
 2nd Level, APM Central, A. Sison Rd, Ave. 11RA, Marikina City
 Tel # (032) 232-2012/232-2342
 www.pnmcatalpha.ph

SERVICE ORDER



BILL TO :

Priority No.	432327
SO No.	MI: -0-25 x 15
S.O. Date	52-0-11
Terms	30 Days
Amount Due	1800.00

[000160] IPLOY STAFFING SOLUTIONS
 15th Floor, One Mortgage Arthropod Reyes Ave
 Hospital, Cebu
 09177097074 09177097074

PATIENT INFORMATION

PATIENT STATUS : FOR EMPLOYMENT
 IIMG CARD NO.
 SCIPWD ID
 CIVIL STATUS : Single
 AGE : 23
 BIRTHDATE
 GENDER : M = Co/sg

Waived as
 within
 M. Y. 201
 CEB

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
9137	WOUND CARE	1.00	800.00	800.00	TOTAL SALES
					VARIABLE SALES
					V-A-T
					SCIPWD DISCOUNT
					AMOUNT DUE

WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT
 THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU
 DRUG TEST
 (PLEASE COMPLY ALL
 CHEST PA
 2011

ING CARE

VALIDATED

ACKNOWLEDGED BY:

PREPARED BY:

BY: _____

Signature Over Printed Name

Miss Marie L. Aronson