

**FREE EYE CHECK-UP**

Beside Cashier Counter

RIGHT EYE: *W* | *11* | *11* | *2-1*

LEFT EYE: *W* | *11* | *11* | *2-1*

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

**SERVICE ORDER**



Priority No.	0054
SO No.	479175
S.O Date	11/11/2024
Terms	30 Days
Amount Due	P800.00

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

**PATIENT INFORMATION**

PATIENT ID : 110354  
 PATIENT NAME : ANGANA, FAITH ALEXIS, ARELLANO  
 PATIENT ADDRESS : Camputhaw (Pob.), Cebu City (Capital), Cebu  
 MOBILE NO. : 0960 828 2337  
 EMAIL ADDRESS : anganafaithalexis@gmail.com  
 REQUESTING PHYSICIAN : *[Signature]*  
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS  
 RESULT DELIVERY : DELIVERY

GENDER : Female  
 BIRTHDATE : 07/13/1999  
 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	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

DRUG TEST *[Signature]*  
 (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)

**PRIME CARE**  
**BIOMETRICS DONE**  
**DATE: NOV 11 2024**

PREPARED BY:

Arissa Marie L. Armenion

ACKNOWLEDGED BY:

Signature Over Printed Name

**VALIDATED**

BY:

Signature Over Printed Name

Date Created: 11/11/2024 10:39 AM

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 \*\*\*\*