

**FREE EYE CHECK-UP**

Beside Cashier Counter

RIGHT EYE: RD  
LEFT EYE: RD

Polyclinics & Diagnostic Center, Inc.  
M Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
32-2273/266-3245  
arealpha.ph



SERVICE ORDER

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

Priority No.	0092
SO No.	479219
S.O Date	11/11/2024
Terms	30 Days
Amount Due	₱800.00

**PATIENT INFORMATION**

**PATIENT ID** : 110367  
**PATIENT NAME** : JANSON, JAN RYAN, SUPIZA  
**PATIENT ADDRESS** : Labangon, Cebu City (Capital), Cebu  
**MOBILE NO.** : 0976 336 2844  
**EMAIL ADDRESS** :  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

**GENDER** : Male  
**BIRTHDATE** : 02/11/2003  
**AGE** : 21  
**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	1.00	800.00	800.00	TOTAL SALES : 800.00
	DRUG TEST				VARIABLE SALES : 0.00
	NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY. OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)				V-A-T : 0.00
					SC/PWD DISCOUNT : 0.00
					AMOUNT DUE : 800.00

PREPARED BY:

Arissa Marie L. Armenton

ACKNOWLEDGED BY:

Signature Over Printed Name

I acknowledge that I was duly informed by Arissa Marie L. Armenton Care Alpha employee to pay the above mentioned tests. I have reviewed the prices listed on the form and agree to the charges associated with the products and services.

THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM

**VALIDATED**

Signature Over Printed Name

Date Credited: 11/11/2024 12:35 PM