

FREE EYE CHECK-UP

Beside Cashier Counter

RIGHT EYE:

LEFT EYE:

01: 70 / 700

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

PLEASE COME ON
DATE SCHEDULED 11-15-24
OTHERWISE, YOU WILL HAVE TO
PAY P

SERVICE ORDER



Priority No.	0059
SO No.	479180
S.O Date	11/11/2024
Terms	30 Days
Amount Due	₱800.00

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

PATIENT INFORMATION

PATIENT ID : 035637
 PATIENT NAME : CARO, LIBERTY, GEKIN
 PATIENT ADDRESS : Luz, Cebu City (Capital), Cebu
 MOBILE NO. : 0930 890 8449
 EMAIL ADDRESS :
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY

GENDER : Female
 BIRTHDATE : 07/09/1996
 AGE : 28
 CIVIL STATUS : Single
 SC/PWD ID :
 HMO CARD NO. :
 PATIENT STATUS : FOR EMPLOYMENT

PRIME CARE
BIOMETRICS DONE
DATE: NOV 11 2024

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME »PE, CHEST PA, 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

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:

Signature Over Printed Name

VALIDATED

BY:

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.