

FREE EYE CHECK-UP

Beside Cashier Counter

RIGHT EYE: 20/70 11/11/24

LEFT EYE: 20/40

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

SERVICE ORDER



Priority No.	0103
SO No.	479232
S.O Date	11/11/2024
Terms	30 Days
Amount Due	P800.00

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

PATIENT INFORMATION

PATIENT ID : 110374
 PATIENT NAME : LUSTRE, JESSA, PANTOJA
 PATIENT ADDRESS : Lahug (Pob.), Cebu City (Capital), Cebu
 MOBILE NO. : 0953 514 8476
 EMAIL ADDRESS :
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY

GENDER : Female
 BIRTHDATE : 03/09/2001
 AGE : 23
 CIVIL STATUS : Single
 SC/PWD ID :
 HMO CARD NO. :
 PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY REME *PE CHEST PA, CBC, UA, SE <i>revised</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

PREPARED BY:

Arissa Marie L. Armenion

ACKNOWLEDGED BY:

BLO
11/11/24

Signature Over Printed Name

VERIFIED BY:

VALIDATED

Signature Over Printed Name

BY:

Date Created: 11/11/2024 01:13 PM

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 ***