

FREE EYE CHECK-UP

Beside Cashier Counter

RIGHT EYE: *20/25*

LEFT EYE: *20/25*

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



SERVICE ORDER

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

Priority No.	
SO No.	0010
S.O Date	480286
Terms	11/20/2024
Amount Due	30 Days P800.00

PATIENT ID : 112267
PATIENT NAME : ABADIANO, ANNE BERNADETTE, NAVARRO
PATIENT ADDRESS : Basak Pardo, Cebu City (Capital), Cebu
MOBILE NO. : 0962 192 5957
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

PATIENT INFORMATION

GENDER : Female
BIRTHDATE : 11/14/2001
AGE : 23
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT



CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY FEE PE CHEST PA, CBC, UA, SE, Wound 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]*
 Signature Over Printed Name

Date Created: 11/20/2024

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 ****