

**FREE EYE CHECK-UP**

Beside Cashier Counter

RIGHT EYE: 20/50

LEFT EYE: 20/25

olyclinics & Diagnostic Center, Inc.  
1 Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
2-2273/266-3245  
ealpha.ph

**SERVICE ORDER**



Priority No.	0040
SO No.	480182
S.O Date	11/19/2024
Terms	30 Days
Amount Due	P800.00

**[000160] IPLOY STAFFING SOLUTIONS**

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

**PATIENT INFORMATION**

PATIENT ID : 110721  
 PATIENT NAME : QUINTAL, LESLIE ANN, SALA  
 PATIENT ADDRESS : EYLIA, Guadalupe, Cebu City (Capital), Cebu  
 MOBILE NO. : 0993 033 3042  
 EMAIL ADDRESS : leslieannsalaquintal2gmail.com  
 REQUESTING PHYSICIAN :  
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS  
 RESULT DELIVERY : DELIVERY

GENDER : Female  
 BIRTHDATE : 03/01/1996  
 AGE : 28  
 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 »PE, CHEST PA, CBC, UA, <i>PE waived</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	TOTAL SALES : 800.00 VARIABLE SALES : 0.00 V-A-T : 0.00 SC/PWD DISCOUNT : 0.00 AMOUNT DUE : 800.00

**BIOMETRICS DONE  
DATE:**

**NOV 19 2024**

**PREPARED BY:**

*Kristlyn N. Ursal*

**ACKNOWLEDGED BY:**

Signature Over Printed Name

**VERIFIED BY:**

**VALIDATED**

Signature Over Printed Name

BY: *[Signature]*  
Date Created: 11/19/2024 10:15 AM