

FREE EYE CHECK-UP

Beside Cashier Counter

RIGHT EYE: *20/30*
LEFT EYE: *20/40*

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



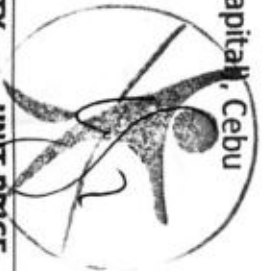
[000160] IPLOY STAFFING SOLUTIONS
16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu City
(Capital), Cebu
09177097074 / 09171575430

Priority No.	0027
SO No.	483211
S.O Date	12/16/2024
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 113470
PATIENT NAME : OLIVAN, LEA JANE, DORIA
PATIENT ADDRESS : SAN ROQUE ST., Luz, Cebu City (Capital), Cebu
MOBILE NO. : 0930 065 2462
EMAIL ADDRESS : jeajaneolivan@gmail.com
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Female
BIRTHDATE : 11/08/2001
AGE : 23
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT



CODE : P127
PARTICULARS/PROCEDURE : IPLOY PEME
QTY : 1.00
UNIT PRICE : 800.00
AMOUNT : 800.00

W CHESTPA, CBC, UA, M, SE, VD
(NOTE: PLEASE COMPLETE ALL DRUG TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)

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:

Valencia A. Utsal

ACKNOWLEDGED BY:

Signature Over Printed Name

VALENCIA A. UTSAL
BY: *Valencia A. Utsal*
Signature Over Printed Name

**** THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM ****