

FREE EYE CHECK-UP

Beside Cashier Counter

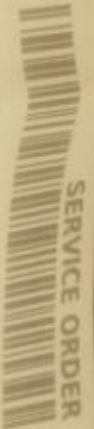
RIGHT EYE:

LEFT EYE:

LEE EYE SOLUTIONS

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

olyclinics & Diagnostic Center, Inc.
 Central, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 P-2273/266-3245
 balphi.ph



Priority No.	0003
S.O No.	484214
S.O Date	01/02/2025
Terms	30 Days
Amount Due	₱800.00

PATIENT INFORMATION

PATIENT ID : 101157
 PATIENT NAME : ADLAWAN, JULIUS CESAR, ALCOVER
 PATIENT ADDRESS : Pakigme, Minglanilla, Cebu
 MOBILE NO. : 0921 399 4570
 EMAIL ADDRESS : adlawan.julius@eeil.com.ph
 REQUESTING PHYSICIAN : Dr. [Signature]
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY
 GENDER : Male
 BIRTHDATE : 03/20/1991
 AGE : 33
 CIVIL STATUS : Single
 SC/PWD ID :
 HMO CARD NO. :
 PATIENT STATUS : FOR EMPLOYMENT

CODE PARTICULARS/PROCEDURE

P127 IPLOY PENE
 CHEST X-RAY (NOTE: PLEASE COMPLETE ALL DRUG TEST THE FOLLOWING TEST WITHIN THIS DAY. OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)

QTY	UNIT PRICE	AMOUNT
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. Armenthon

ACKNOWLEDGED BY:

[Signature]

Signature Over Printed Name

VERIFIED BY:

VALIDATED

I acknowledge that I was duly informed by Phine Care Alpha employee to pay the above mentioned tests. I have reviewed the prices listed on the (SO) and agree to the charges associated with the products and services.

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

BY:

Date Created: 01/02/2025 07:33 AM