

FREE EYE CHECK-UP

yclinics & Diagnostic Center, Inc.
entrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
273/266-3245
pha.ph

5967

SERVICE ORDER



Beside Cashier Counter

RIGHT EYE: 20/25

LEFT EYE: 20/25

SOLUTIONS

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

| | |
|--------------|------------|
| Priority No. | 0025 |
| SO No. | 489458 |
| S.O Date | 02/10/2025 |
| Terms | 30 Days |
| Amount Due | P800.00 |

PATIENT INFORMATION

PATIENT ID : 118867
 PATIENT NAME : ITUHAT, BLESS JEAN, MANINGO
 PATIENT ADDRESS : Lahug (Pob.), Cebu City (Capital), Cebu
 MOBILE NO. : 0935 743 5092
 EMAIL ADDRESS :
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY



GENDER : Female
 BIRTHDATE : 02/11/2001
 AGE : 23
 CIVIL STATUS : Single
 SC/PWD ID :
 HMO CARD NO. :
 PATIENT STATUS : FOR EMPLOYMENT

Prime CARE

| CODE | PARTICULARS/PROCEDURE | QTY | UNIT PRICE | AMOUNT |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------|--------|
| P127 | IPLOY PEME »PE, CHEST PA, CBC, UA of, SE 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 |

BIOMETRICS DONE
DATE: 7 FEB 2025

| | | |
|-------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------|
| PREPARED BY: Arissa Marie L. Armenion | ACKNOWLEDGED BY: _____ Signature Over Printed Name | VALIDATED BY: _____ Signature Over Printed Name |
|-------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------|

Page 1 of 1 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. Date Created: 02/10/2025 08:53 AM

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