

**FREE EYE CHECK-UP**

**Polyclinics & Diagnostic Center, Inc.**  
Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
2-2273/266-324  
ealpha.ph

5374



**SERVICE ORDER**

Beside Cashier Counter

RIGHT EYE: 20/20  
LEFT EYE: 20/20 w/ glasses

Priority No.	0080
SO No.	490348
S.O Date	02/17/2025
Terms	30 Days
Amount Due	P800.00

**[00-66] IPLOY STAFFING SOLUTIONS**  
16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City  
(Capital), Cebu  
09177097074 / 09171575430

**PATIENT INFORMATION**

**PATIENT ID** : 120301  
**PATIENT NAME** : ASILUM, WINRIEL, GALARIANA  
**PATIENT ADDRESS** : Guadalupe, Cebu City (Capital), Cebu  
**MOBILE NO.** : 0966 745 5444  
**EMAIL ADDRESS** :  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY



**GENDER** : Male  
**BIRTHDATE** : 03/20/2002  
**AGE** : 22  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

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

<b>PREPARED BY:</b> Arissa Marie L. Armenion	<b>ACKNOWLEDGED BY:</b>  Signature Over Printed Name	<b>VALIDATED</b> BY: Signature Over Printed Name
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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 \*\*\*\*