

FREE EYE CHECK-UP

Beside Cashier Counter

RIGHT EYE: 20/25 *SK*

LEFT EYE: 20/25 *SK*

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

SERVICE ORDER



SOLUTIONS

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

Priority No.	0043
SO No.	490303
S.O Date	02/17/2025
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 120276
PATIENT NAME : AGUILAR, KIMBERLY PONE, ESCARDA
PATIENT ADDRESS : Banilad, Cebu City (Capital), Cebu
MOBILE NO. : 0954 156 5970
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY



GENDER : Female
BIRTHDATE : 03/26/2001
AGE : 23
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY NEME »PE W, CHEST PA, CBC UA, 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

PRIME CARE

SUMMARY OF CHARGES	
TOTAL SALES	800.00
VATABLE SALES	0.00
V-A-T	0.00
SC/PWD DISCOUNT	0.00
AMOUNT DUE	800.00

PREPARED BY:

Arissa Marie L. Armenion

ACKNOWLEDGED BY:

Handwritten signature

Signature Over Printed Name

VERIFIED BY:

VALIDATED

Signature Over Printed Name