

**FREE EYE CHECK-UP**

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

5405

**SERVICE ORDER**



Beside Cashier Counter

RIGHT EYE: 20/20 *S*

LEFT EYE: 20/20 *S*

**SOLUTIONS**

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

Priority No.	0090
SO No.	490359
S.O Date	02/17/2025
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

PATIENT ID : 102649  
 PATIENT NAME : ARSUA, JOSEPH, LAGNAS JR  
 PATIENT ADDRESS : Banilad, Cebu City (Capital), Cebu  
 MOBILE NO. : 0905 049 8195  
 EMAIL ADDRESS : JOSEPHARSUA7@GMAIL.COM  
 REQUESTING PHYSICIAN :  
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS  
 RESULT DELIVERY : DELIVERY

GENDER : Male  
 BIRTHDATE : 01/04/1998  
 AGE : 27  
 CIVIL STATUS : Single  
 SC/PWD ID :  
 HMO CARD NO. :  
 PATIENT STATUS : FOR EMPLOYMENT

**PRIME CARE**

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY FEME »PE, CHEST PA, CPE, UA, SE, UAN 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	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. Armenion

ACKNOWLEDGED BY:

Signature Over Printed Name

**VALIDATED**

BY: Signature Over Printed Name