

SERVICE ORDER



FREE EYE CHECK-UP
 Beside Cashier Counter
 RIGHT EYE: 20/20 S
 LEFT EYE: 20/20 C

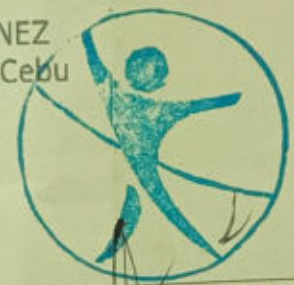
Polyclinics & Diagnostic Center, Inc.
 M Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 2-2273/266-3245
 realpha.ph

Priority No.	0081
SO No.	490349
S.O Date	02/17/2025
Terms	30 Days
Amount Due	P800.00

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

PATIENT INFORMATION

PATIENT ID : 120302
 PATIENT NAME : DELUTE, ANTHONY REY, MARTINEZ
 PATIENT ADDRESS : Talamban, Cebu City (Capital), Cebu
 MOBILE NO. : 0963 655 1306
 EMAIL ADDRESS :
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY



GENDER : Male
 BIRTHDATE : 10/14/1997
 AGE : 27
 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 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	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. Armenion
ACKNOWLEDGED BY: *[Signature]*
 Signature Over Printed Name
VALIDATED
 BY: *[Signature]*
 Signature Over Printed Name
 Date Created: 02/17/2025 12:00 PM

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 ****