

SERVICE ORDER



Priority No.	0060
SO No.	490326
S.O Date	02/17/2025
Terms	30 Days
Amount Due	P800.00

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

FREE EYE CHECK-UP

Beside Cashier Counter

RIGHT EYE: 20/20
 LEFT EYE: 20/20

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

PATIENT INFORMATION

PATIENT ID : 120287
 PATIENT NAME : MONTIMOR, RICK JOY, .
 PATIENT ADDRESS : Kalunasan, Cebu City (Capital), Cebu
 MOBILE NO. : 0966 023 8311
 EMAIL ADDRESS :
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY



Prime CARE ALPHA

GENDER : Male
 BIRTHDATE : 08/07/1999
 AGE : 25
 CIVIL STATUS : Single
 SC/PWD ID :
 HMO CARD NO. :
 PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY FEME 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.)	1000	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]*
 VALIDATED BY: *[Signature]*
 Signature Over Printed Name

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 charges associated with the products and services.

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

Date Created: 02/17/2025 11:03 AM