

FREE EYE CHECK-UP

Beside Cashier Counter

RIGHT EYE: *2/25*

LEFT EYE: *2/25*

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

SERVICE ORDER



*WITH MERKURY. PLEASE BRING WITH
DATE SCHEDULED 2/26/25
OTHERWISE YOU WILL HAVE TO
PAY P*

Priority No.	0046
SO No.	490307
S.O Date	02/17/2025
Terms	30 Days
Amount Due	P800.00

ING SOLUTIONS

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

PATIENT INFORMATION

PATIENT ID : 120278
PATIENT NAME : GEPITULAN, JUNAFLOR, VAFLO
PATIENT ADDRESS : Tipolo, Mandaue City, Cebu
MOBILE NO. : 0951 947 6111
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY



GENDER : Female
BIRTHDATE : 06/26/1998
AGE : 26
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY MEME PE, CHEST PA, CBC, UA, SE		800.00	800.00

(NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)

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 Over Printed Name

VALIDATED

BY: Signature Over Printed Name

Date Created: 02/17/2025 10:30 AM

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 ***

Job Tr	to bat	inst	NS	ZIN
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