

**SERVICE ORDER**



**FREE EYE CHECK-UP**

Beside Cashier Counter

RIGHT EYE:

LEFT EYE:

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

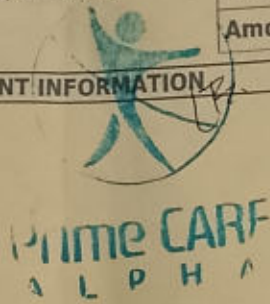
**IPLOY STAFFING SOLUTIONS**

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

Priority No.	0007
SO No.	492959
S.O Date	03/10/2025
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

PATIENT ID : 122037  
 PATIENT NAME : LINONG, ALEXANDRA, PARIDO  
 PATIENT ADDRESS : Bulacao, Cebu City (Capital), Cebu  
 MOBILE NO. : 0966 368 1710  
 EMAIL ADDRESS : Alexandraparido@gmail.com  
 REQUESTING PHYSICIAN :  
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS  
 RESULT DELIVERY : DELIVERY



GENDER : Female  
 BIRTHDATE : 09/03/2001  
 AGE : 23  
 CIVIL STATUS : Single  
 SC/PWD ID :  
 HMO CARD NO. :  
 PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
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.)	1.00	800.00	800.00	TOTAL SALES : 800.00 VATABLE SALES : 0.00 V-A-T : 0.00 SC/PWD DISCOUNT : 0.00 AMOUNT DUE : 800.00

10 MAR 2025  
 BIOMETRICS DONE  
 DATE:

PREPARED BY:

Arissa Marie L. Armenion

ACKNOWLEDGED BY:

Signature Over Printed Name

**VALIDATED**

BY: Signature Over Printed Name

Date Created: 03/10/2025 07:22 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 \*\*\*\*