

**FREE EYE CHECK-UP**

Beside Cashier Counter  
 RIGHT EYE: *ND*  
 LEFT EYE: *ND*

16th floor, Capital, Cebu  
 09177097074 / 09171575430

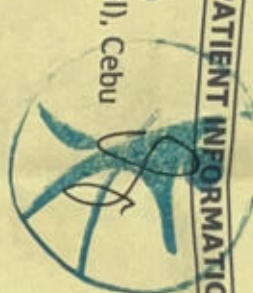
Medgrupp Polyclinics & Diagnostic Center, Inc.  
 Central, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
 73/266-3245  
 ha.ph

**SERVICE ORDER**

Priority No.	0072
S.O No.	493039
S.O Date	03/10/2025
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

PATIENT ID : 066041  
 PATIENT NAME : DELANTAR, JANE, DAQUIADO  
 PATIENT ADDRESS : Guadalupe, Cebu City (Capital), Cebu  
 MOBILE NO. : 0995 097 9693  
 EMAIL ADDRESS :  
 REQUESTING PHYSICIAN :  
 COMPANY/REFERRED BY : IPLAY STAFFING SOLUTIONS  
 RESULT DELIVERY : DELIVERY



**IMPE CARE**

GENDER : Female  
 BIRTHDATE : 08/19/2002  
 AGE : 22  
 CIVIL STATUS : Single  
 SC/PWD ID :  
 HMO CARD NO. :  
 PATIENT STATUS : FOR EMPLOYMENT

CODE : P127  
 PARTICULARS/PROCEDURE : IPLAY PEME  
 QTY : 1.00  
 UNIT PRICE : 800.00  
 AMOUNT : 800.00

DATE: 10 MAR 2025  
 BIOMETRICS DONE

SUMMARY OF CHARGES  
 TOTAL SALES : 800.00  
 VAILABLE 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]*  
 Signature Over Printed Name

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