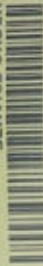


FREE EYE CHECK-UP

Beside Cashier Counter

RIGHT EYE: *W 88 75*LEFT EYE: *W 88 75*16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City
(Capital), Cebu
09177097074 / 09171575430**SOLUTIONS**Ophthalmics & Diagnostic Center, Inc.
Centrale, A. Soriano Jr. Ave., NKA, Mabolo, Cebu City
2273/266-3245
alpha.ph**SERVICE ORDER**

Priority No.	0086
SO No.	493695
S.O Date	03/17/2025
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 122364
 PATIENT NAME : BACUS, FRANCIZ, CORVERA
 PATIENT ADDRESS : Gun-Ob, Lapu-Lapu City (Opon), Cebu
 MOBILE NO. : 0922 781 9422

GENDER : Male
 BIRTHDATE : 03/07/2005
 AGE : 20
 CIVIL STATUS : Single
 SC/PWD ID :
 HMO CARD NO. :
 PATIENT STATUS : FOR EMPLOYMENT

REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 DELIVERY : DELIVERY

CODE : P127
 PARTICULARS/PROCEDURE : *W 88 75*
 PLOY PERM : 424
 CHEST X-RAY, CBC, UAC, SE, URIC ACID
 CHLUS TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT EVALUATION.)

QTY	UNIT PRICE	AMOUNT
1.00	800.00	800.00
BIOMETRIC'S DONE		
DATE: 17 MAR 2025		

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. Armentan

ACKNOWLEDGED BY:

Signature Over Printed Name

VALIDATED BY:

 Signature Over Printed Name

Page 1 of 1

I acknowledge that I was duly referred by Prime Care Alpha employees to pay the above mentioned fees. I have reviewed the prices listed on the form and agree to the charges associated with the products and services.

Date Created: 03/17/2025 12:58 PM

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

DATE: 03/17/2025 16:28:21
 091 P40