

12/202/16/19/20  
 07/31/16/2007  
 03/202/16/20  
 07/31/16/2007  
 03/202/16/20  
 07/31/16/2007  
 03/202/16/20  
 07/31/16/2007

**FREE EYE CHECK-UP**

Beside Cashier Counter

RIGHT EYE:

LEFT EYE:

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



**SERVICE ORDER**

Priority No.	0012
SO No.	494340
S.O Date	03/24/2025
Terms	30 Days
Amount Due	P800.00

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

**PATIENT INFORMATION**

**PATIENT ID** : 122616  
**PATIENT NAME** : FLORITA, JESSICA, ELLEMA  
**PATIENT ADDRESS** : Canduman, Mandaue City, Cebu  
**MOBILE NO.** : 0915 664 9330  
**EMAIL ADDRESS** :  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY



**GENDER** : Female  
**BIRTHDATE** : 12/28/1985  
**AGE** : 39  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME »PE _____, CHEST PA _____, CBC _____, UA _____, SE waived 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

PRIME CARE  
 5200 OH

SUMMARY OF CHARGES	
TOTAL SALES	800.00
VATABLE 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

**VERIFIED BY:**  
**VALIDATED**  
 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 changes associated with the products and services.

Date Created: 03/24/2025 08:14 AM

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