

**FREE EYE CHECK-UP**

Beside Cashier Counter

RIGHT EYE:

LEFT EYE:

Polyclinics & Diagnostic Center, Inc.  
M Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
2-2273/266-3245  
realpha.ph

**SERVICE ORDER**



Priority No.	0051
SO No.	494383
S.O Date	03/24/2025
Terms	30 Days
Amount Due	P800.00

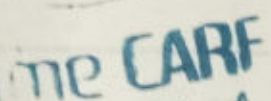
**IPLOY STAFFING SOLUTIONS**

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

**PATIENT INFORMATION**

PATIENT ID : 122635  
 PATIENT NAME : PEPITO, DANIEL JAY, CATARINA  
 PATIENT ADDRESS : Pahina Central (Pob.), Cebu City (Capital), Cebu  
 MOBILE NO. : 0998 476 5919  
 EMAIL ADDRESS :  
 REQUESTING PHYSICIAN :  
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS  
 RESULT DELIVERY : DELIVERY

GENDER : Male  
 BIRTHDATE : 05/12/1993  
 AGE : 31  
 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 <i>raised</i>	1.00	800.00	800.00

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

*5229*  
 (NOTE: PLEASE COMPLY ALL BIOMETRICS DONE  
 THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)  
 DATE: 24 MAR 2025

PREPARED BY: Arissa Marie L. Armenion

ACKNOWLEDGED BY: *[Signature]*  
 Signature Over Printed Name

VALIDATED BY: *[Signature]*  
 Signature Over Printed Name

Date Created: 03/24/2025 10:43 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