

SERVICE ORDER



Priority No.	0006
SO No.	495698
S.O Date	04/08/2025
Terms	30 Days
Amount Due	P800.00

Optical Clinics & Diagnostic Center, Inc.
 Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 273/266-3245
 ipha.ph

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

FREE EYE CHECK-UP
 Beside Cashier Counter
 RIGHT EYE:
 LEFT EYE:

PATIENT INFORMATION

PATIENT ID : 123134
 GENDER : Female
 PATIENT NAME : MARIBAO, ANNAVIELLA MARIE, MANATAD
 BIRTHDATE : 10/11/2002
 PATIENT ADDRESS : Basak, Lapu-Lapu City (Opon), Cebu
 AGE : 22
 MOBILE NO. : 0967 431 5467
 CIVIL STATUS : Single
 EMAIL ADDRESS :
 SC/PWD ID :
 HMO CARD NO. :
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 PATIENT STATUS : FOR EMPLOYMENT
 RESULT DELIVERY : DELIVERY



CODE	PARTICULARS/PROCEDURE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME	800.00	TOTAL SALES
	>PE, CHEST PA, UA, SE, W, K, M, B, O, H, A, R, I, B, A, O, M, A, N, A, T, A, D		VATABLE SALES
	DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)		V-A-T
			SC/PWD DISCOUNT
			AMOUNT DUE
			800.00

VALIDATED

PREPARED BY: Arissa Marie L. Armenion

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

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