

SERVICE ORDER



FREE EYE CHECK-UP
Beside Cashier Counter
RIGHT EYE: 20/20
LEFT EYE: 20/20

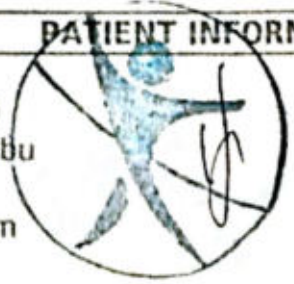
polyclinics & Diagnostic Center, Inc.
Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
2-2273/266-3245
alpha.ph

Priority No.	0019
SO No.	495608
S.O Date	04/07/2025
Terms	30 Days
Amount Due	P800.00

[000160] IPLOY STAFFING SOLUTIONS
16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City
(Capital), Cebu
09177097074 / 09171575430

PATIENT INFORMATION

PATIENT ID : 123101
PATIENT NAME : OLAYON, BFBE JEL , INTO
PATIENT ADDRESS : Dawis Norte, Carmen, Cebu
MOBILE NO. : 0923 117 1959
EMAIL ADDRESS : olayonbejel17@gmail.com
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY



GENDER : Male
BIRTHDATE : 10/17/1999
AGE : 25
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

Prime CARE

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME PE, CHEST PA, CBC, UA, SEW 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

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

DATE: 07 APR 2025
BILLS DONE

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.

BY: _____ Date Created: 04/07/2025 09:24 AM

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