

**FREE EYE CHECK-UP**

Beside Cashier Counter

RIGHT EYE: 20/20

LEFT EYE: 20/20

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

**SERVICE ORDER**



Priority No.	0001
SO No.	497017
S.O Date	04/24/2025
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 : 124120  
 PATIENT NAME : MEDALLO, KIRSTIE CLAIRE, -  
 PATIENT ADDRESS : Camputhaw (Pob.), Cebu City (Capital), Cebu  
 MOBILE NO. : 0962 712 1919  
 EMAIL ADDRESS :  
 REQUESTING PHYSICIAN :  
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS  
 RESULT DELIVERY : DELIVERY

GENDER : Female  
 BIRTHDATE : 12/24/1997  
 AGE : 27  
 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, SE 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
VATABLE SALES	0.00
V-A-T	0.00
SC/PWD DISCOUNT	0.00
AMOUNT DUE	800.00

Bio Done  
4/24/25

PREPARED BY:

Arissa Marie L. Armenion

ACKNOWLEDGED BY:

Signature Over Printed Name

VERIFIED BY:

**VALIDATED**

Signature Over Printed Name

BY: [Signature]  
Date Created: 04/24/2025 07:22 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.