

**FREE EYE CHECK-UP**

Beside Cashier Counter

RIGHT EYE: *20/20*  
LEFT EYE: *20/20*

**Polyclinics & Diagnostic Center, Inc.**  
M Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
32-2273/266-3245  
arealpha.ph

**SERVICE ORDER**

Priority No.	0055
SO No.	497344
S.O Date	04/28/2025
Terms	30 Days
Amount Due	P800.00

**10001601 IPLOY STAFFING SOLUTIONS**  
16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu City  
(Capital), Cebu  
09177097074 / 09171575430

**PATIENT INFORMATION**

**PATIENT ID** : 124241  
**PATIENT NAME** : UGMAREZ, AINSLEY NHORE, GONZAGA  
**PATIENT ADDRESS** : Lahug (Pob.), Cebu City (Capital), Cebu  
**MOBILE NO.** : 0928 422 9552  
**EMAIL ADDRESS** :  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

**GENDER** : Female  
**BIRTHDATE** : 11/04/1997  
**AGE** : 27  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME	1.00	800.00	800.00	TOTAL SALES : 800.00
	»PE CHEST PA, CBC, UA, SE, W, V, R				VARIABLE SALES : 0.00
	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 : 0.00
					SC/PWD DISCOUNT : 0.00
					AMOUNT DUE : 800.00

**PREPARED BY:**  
Arissa Marie L. Armenion

**ACKNOWLEDGED BY:**  
*MAJ*  
Signature Over Printed Name

**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.

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