

FREE EYE CHECK-UP

Beside Cashier Counter

RIGHT EYE:

LEFT EYE:

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

SERVICE ORDER



| | |
|--------------|------------|
| Priority No. | 0058 |
| SO No. | 497959 |
| S.O Date | 05/05/2025 |
| Terms | 30 Days |
| Amount Due | P800.00 |

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

PATIENT INFORMATION

PATIENT ID : 124457
PATIENT NAME : SARONA, JOE MARIE, SUMAGANG
PATIENT ADDRESS : Lorega (Lorega San Miguel), Cebu City (Capital), Cebu
MOBILE NO. : 0965 492 9818
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Male
BIRTHDATE : 01/04/1996
AGE : 29
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 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 |

PREPARED BY:

Arissa Marie L. Armenion

ACKNOWLEDGED BY:

Signature Over Printed Name

VALIDATED

BY:

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.

Date Created: 05/05/2025 10:48 AM

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