

SERVICE ORDER



FREE EYE CHECK-UP

Beside Cashier Counter

RIGHT EYE:

LEFT EYE:

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

Priority No.	0017
SO No.	497901
S.O Date	05/05/2025
Terms	30 Days
Amount Due	P800.00

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

PATIENT INFORMATION

PATIENT ID : 122708	GENDER : Female
PATIENT NAME : GODITO, GRACEL, -	BIRTHDATE : 08/20/2001
PATIENT ADDRESS : 6TH ST. SAN ANTONIO VILLAGE, Apas, Cebu City (Capital), Cebu	AGE : 23
MOBILE NO. : 0930 458 4004	CIVIL STATUS : Single
EMAIL ADDRESS : gracelgoditol2@gmail.com	SC/PWD ID :
REQUESTING PHYSICIAN :	HMO CARD NO. :
COMPANY/REFERRED BY : IPOY STAFFING SOLUTIONS	PATIENT STATUS : FOR EMPLOYMENT

RESULT DELIVERY CODE	PARTICULARS/PROCEDURE	DELIVERY	QTY	UNIT PRICE	AMOUNT
----------------------	-----------------------	----------	-----	------------	--------

P127 IPOY 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.)

BIOMETRICS DONE
DATE: 05 MAY 2025

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	CHECKED 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.

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