

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
2-2273/266-3245
realpha.ph

SERVICE ORDER



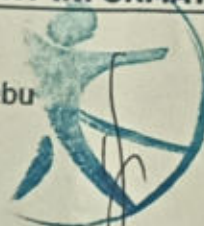
Priority No.	0014
SO No.	498591
S.O Date	05/13/2025
Terms	30 Days
Amount Due	P800.00

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

PATIENT INFORMATION

PATIENT ID : 124732
 PATIENT NAME : BODIIT, JOHN STEVEN,
 PATIENT ADDRESS : Ibabao-Estancia, Mandaue City, Cebu
 MOBILE NO. : 0906 521 6620
 EMAIL ADDRESS :
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY

GENDER : Male
 BIRTHDATE : 04/01/2003
 AGE : 22
 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 <i>waived</i> 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

BIOMETRICS DONE

DATE: **13 MAY 2025**

ACKNOWLEDGED BY:

PREPARED BY:

Arissa Marie L. Armenion

Signature Over Printed Name

VALIDATED

BY:

Signature Over Printed Name

Date Created: 05/13/2025 07:59 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.