

FREE EYE CHECK-UP

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

SERVICE ORDER



Beside Cashier Counter

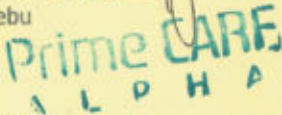
RIGHT EYE: *20/100*
 LEFT EYE: *20/100*

Priority No.	0019
SO No.	498597
S.O Date	05/13/2025
Terms	30 Days
Amount Due	P800.00

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

PATIENT INFORMATION

PATIENT ID : 124736	GENDER : Male
PATIENT NAME : BORGONIA, WEILU RAY, DUCAYAG	BIRTHDATE : 02/27/2004
PATIENT ADDRESS : Tuyan, City Of Naga, Cebu	AGE : 21
MOBILE NO. : 0927 840 0339	CIVIL STATUS : Single
EMAIL ADDRESS :	SC/PWD ID :
REQUESTING PHYSICIAN :	HMO CARD NO. :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS	PATIENT STATUS : FOR EMPLOYMENT
RESULT DELIVERY : DELIVERY	



CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME *PE, CHEST PA, CBC, UA, SE <i>noted</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	TOTAL SALES : 800.00 VATALE SALES : 0.00 V-A-T : 0.00 SC/PWD DISCOUNT : 0.00 AMOUNT DUE : 800.00

BIOMETRICS DONE
 DATE: 1133 MAY 2025

PREPARED BY: Arissa Marie L. Armenion	ACKNOWLEDGED BY: _____ Signature Over Printed Name	VALIDATED BY: _____ Signature Over Printed Name
---	---	--