

FREE EYE CHECK-UP

Beside Cashier Counter

RIGHT EYE: 20/20

LEFT EYE: 20/20

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

SERVICE ORDER

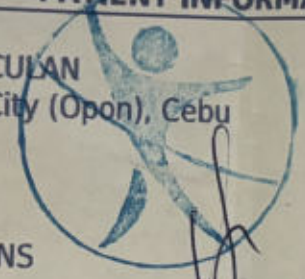


[000160] IPLOY STAFFING SOLUTIONS

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

Priority No.	0005
SO No.	498580
S.O Date	05/13/2025
Terms	30 Days
Amount Due	P800.00

PATIENT ID : 124726		PATIENT INFORMATION	
PATIENT NAME	: JAPITAN, ANA MARIE, DACULAN	GENDER	: Female
PATIENT ADDRESS	: Subabasbas, Lapu-Lapu City (Opon), Cebu	BIRTHDATE	: 12/07/1983
MOBILE NO.	: 0994 912 2587	AGE	: 41
EMAIL ADDRESS	: .	CIVIL STATUS	: Single
REQUESTING PHYSICIAN	: .	SC/PWD ID	: .
COMPANY/REFERRED BY	: IPLOY STAFFING SOLUTIONS	HMO CARD NO.	: .
RESULT DELIVERY	: DELIVERY	PATIENT STATUS	: FOR EMPLOYMENT



CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME PE, CHEST X, CBC, UA, SE waived 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	P800.00	800.00	TOTAL SALES : 800.00 VARIABLE SALES : 0.00 V-A-T : 0.00 SC/PWD DISCOUNT : 0.00 AMOUNT DUE : 800.00

PRIME CARE
BIOMETRICS DONE
DATE: 13 MAY 2025

PREPARED BY: Arissa Marie L. Armenion	ACKNOWLEDGED BY: Signature Over Printed Name	VALIDATED BY: Signature Over Printed Name
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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: 05/13/2025 07:25 AM

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