

FREE EYE CHECK-UP

Beside Cashier/Counter

RIGHT EYE: 20/25

LEFT EYE: 20/20

5604  
Polyclinics & Diagnostic Center, Inc.  
Centrale, A. S. no Jr. Ave., NRA, Mabolo, Cebu City  
-2273/266-3245  
alpha.ph

SERVICE ORDER



Priority No.	0015
SO No.	498592
S.O Date	05/13/2025
Terms	30 Days
Amount Due	P800.00

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

PATIENT INFORMATION

PATIENT ID	: 124733	GENDER	: Female
PATIENT NAME	: REBARBOSA, HEIDI JANE, VILLAFUERTE	BIRTHDATE	: 01/16/2005
PATIENT ADDRESS	: Hippodromo, Cebu City (Capital), Cebu	AGE	: 20
MOBILE NO.	: 0975 913 1287	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		

PRIME CARE ALPHA

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME »PE, CHEST PA, 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	800.00	800.00	TOTAL SALES : 800.00 VARIABLE SALES : 0.00 V-A-T : 0.00 SC/PWD DISCOUNT : 0.00 AMOUNT DUE : 800.00

BIOMETRICS DONE  
DATE: 13 MAY 2025

PREPARED BY:

Arissa Marie L. Armenion

ACKNOWLEDGED BY:

Signature Over Printed Name

VERIFIED BY:

VALIDATED

Signature Over Printed Name