

**FREE EYE CHECK-UP**

beside Cashier Counter

GHT EYE: *W/S*  
 FT EYE: *W/S*

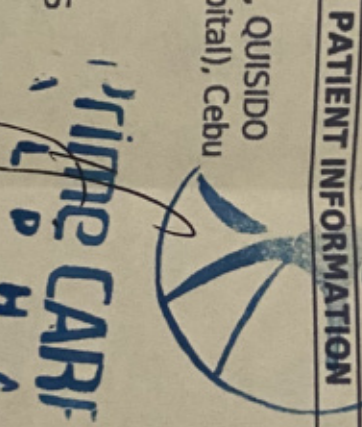
**Polyclinics & Diagnostic Center, Inc.**  
 M Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
 82-2273/266-3245  
 realpha.ph



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

Priority No.	0041
SO No.	498623
S.O Date	05/13/2025
Terms	30 Days
Amount Due	P800.00

**PATIENT ID** : 124749  
**PATIENT NAME** : GOLOSINO, JEAN MICHELLE, QUISIDO  
**PATIENT ADDRESS** : Quiot Pardo, Cebu City (Capital), Cebu  
**MOBILE NO.** : 0976 580 7317  
**EMAIL ADDRESS** :  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY



**PATIENT INFORMATION**  
**GENDER** : Female  
**BIRTHDATE** : 06/15/1999  
**AGE** : 25  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

**CODE** : P127  
**PARTICULARS/PROCEDURE** :  
 IPLOY PEME  
 CHEST PA  
 CBC  
 UA  
 SE W  
 DRUG TEST  
 (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)

QTY	UNIT PRICE	AMOUNT
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

**PREPARED BY:**

Arisa Marie L. Armenion

**ACKNOWLEDGED BY:**

Signature Over Printed Name

**VALIDATED**

Signature Over Printed Name

Page 1 of 1 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

Date Created: 05/13/2025 09:03 AM