

**FREE EYE CHECK-UP**

Beside Cashier Counter

RIGHT EYE: *20/25*

LEFT EYE: *20/25*

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



**SOLUTIONS**

16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu City  
 (Capital), Cebu  
 09177097074 / 091771575430

**PATIENT INFORMATION**

PATIENT ID : 038191  
 PATIENT NAME : SUSON, JAMES NIÑO, MISOLES  
 PATIENT ADDRESS : Camputhaw (Pob.), Cebu City (Capital), Cebu  
 MOBILE NO. : 0906 456 0570  
 EMAIL ADDRESS :  
 REQUESTING PHYSICIAN :  
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS  
 RESULT DELIVERY : DELIVERY



GENDER : Male  
 BIRTHDATE : 11/17/2001  
 AGE : 23  
 CIVIL STATUS : Single  
 SC/PWD ID :  
 HMO CARD NO. :  
 PATIENT STATUS : FOR EMPLOYMENT

Priority No.	0065
S.O No.	5000004
S.O Date	05/26/2025
Terms	30 Days
Amount Due	P200.00

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

**IPLOY CARE PRICE**  
 800.00

AMOUNT 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:

Arissa Marie L. Armenton

ACKNOWLEDGED BY:

Signature Over Printed Name

*Arissa Marie L. Armenton*

VERIFIED BY:

Signature Over Printed Name

BY: *Arissa Marie L. Armenton*  
 Date Created: 05/26/2025 12:07 PM

**VALIDATED**

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

I acknowledge that I was duly informed by Prime Care Andia employee to pay the above mentioned tests. I have reviewed the prices listed on the (SO) and agree to the charges associated with the products and services.