

**FREE EYE CHECK-UP**

Beside Cashier Counter

RIGHT EYE: 20/20 M S

LEFT EYE: 20/20 M S

Polyclinics & Diagnostic Center, Inc. 5634  
 1 Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
 2-2273/266-324  
 alpha.ph

**SERVICE ORDER**



Priority No.	0054
SO No.	500704
S.O Date	06/02/2025
Terms	30 Days
Amount Due	P800.00

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

**PATIENT INFORMATION**

**PATIENT ID** : 125748  
**PATIENT NAME** : PINTOR, MARY ROSE, CASAS  
**PATIENT ADDRESS** : Kamagayan (Pob.), Cebu City (Capital), Cebu  
**MOBILE NO.** : 0938 601 2816  
**EMAIL ADDRESS** :  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY



**GENDER** : Female  
**BIRTHDATE** : 12/14/2001  
**AGE** : 23  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	UNIT PRICE	AMOUNT
P127	IPLOY PEME *PE X, CHEST PA, CBC, UA, SE 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

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

**PRIME CARE ALPHA**

**PREPARED BY:**

Arissa Marie L. Armenion

**ACKNOWLEDGED BY:**

*[Handwritten Signature]*  
 6/2/25

Signature Over Printed Name

**VALIDATED**

BY: *[Handwritten Signature]*  
 Signature Over Printed Name

Date Created: 06/02/2025 01:17 PM

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 \*\*\*