

FREE EYE CHECK-UP

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



SERVICE ORDER

Beside Cashier Counter

RIGHT EYE:

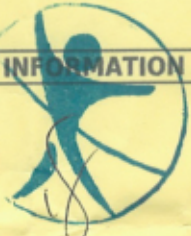
LEFT EYE:

Priority No.	0036
SO No.	509252
S.O Date	09/10/2025
Terms	30 Days
Amount Due	P800.00

[000180] IPLOY STAFFING SOLUTIONS
 16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City
 (Capital), Cebu
 09177097074 / 09171575430

PATIENT INFORMATION

PATIENT ID : 129443
PATIENT NAME : DESUCATAN, DONNELL ACE, ESCALA
PATIENT ADDRESS : Cebu City (Capital), Cebu
MOBILE NO. : 0930 975 5502
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY



PRIME CARE ALPHA

GENDER : Male
BIRTHDATE : 02/17/2000
AGE : 25
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY FEME »PE, CHEST PA, CBC, UA, SE <i>waived</i> 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

PREPARED BY:

JILLY U. HERNANDEZ

ACKNOWLEDGED BY:

BLO
alumn

Signature Over Printed Name

VERIFIED BY:
VALIDATED

Signature Over Printed Name

BY: *[Signature]* Date Created: 09/10/2025 10:28 AM

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 ***