

FREE EYE CHECK-UP

Polyclinics & Diagnostic Center, Inc.
1 Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
2-2273/266-3245
ealpha.ph

SERVICE ORDER



Beside Cashier Counter

Priority No.	0061
SO No.	509278
S.O Date	09/10/2025
Terms	30 Days
Amount Due	P800.00

RIGHT EYE: 20/40

LEFT EYE: 20/40

IPLOY SOLUTIONS

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

PATIENT INFORMATION

PATIENT ID : 129456
 PATIENT NAME : DEVIVAR, RHODE JUSTIN, DELANTAR
 PATIENT ADDRESS : Cebu City (Capital), Cebu
 MOBILE NO. : 0947 178 6715
 EMAIL ADDRESS :
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY



Prime CARE

GENDER : Male
 BIRTHDATE : 12/21/2002
 AGE : 22
 CIVIL STATUS : Single
 SC/PWD ID :
 HMO CARD NO. :
 PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME »PE, 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	800.00

Bio Done
9/10/25

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:

JILLY U. HERNANDEZ

ACKNOWLEDGED BY:

Signature Over Printed Name

VERIFIED BY:

VALIDATED

Signature Over Printed Name

BY:

Date Created: 09/10/2025-12:48 PM