



Free Eye check up  
 FREE LENS

Name:  
 Visual Acuity:  
 OD:  
 OS:  
 Diagnosis

ONS  
 eyes Ave, Cebu City, Cebu, Cebu City

(Capital), Cebu  
 09177097074 / 09171575430

Priority No.	0113
SO No.	520238
S.O Date.	01/19/2026
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

PATIENT ID : 144819  
 PATIENT NAME : ROSALES, ROELENE, PESIDAS  
 PATIENT ADDRESS : Cebu City (Capital), Cebu  
 MOBILE NO. : 0993 863 8859  
 EMAIL ADDRESS : .....  
 REQUESTING PHYSICIAN :  
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS  
 RESULT DELIVERY : DELIVERY

GENDER : Female  
 BIRTHDATE : 11/24/1999  
 AGE : 26  
 CIVIL STATUS : Single  
 SC/PWD ID :  
 HMO CARD NO. :  
 PATIENT STATUS : FOR EMPLOYMENT

BIOMETRICS DONE  
 DATE: JAN 19 2026

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PERM »PE CHEST PA, CBC, UA, SE <i>written</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

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:  
 Dante P. Tempus

ACKNOWLEDGED BY:  
 Signature Over Printed Name

**VALIDATED**  
 VERIFIED BY:  
 BY: 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. Date Created: 01/19/2026 02:05 PM

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