

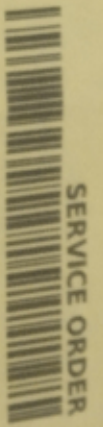
**Optical Referral Slip**

Name: \_\_\_\_\_  
 Visual Acuity: \_\_\_\_\_  
 OS: \_\_\_\_\_  
 ODS: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_

Free Eye check up  
 FREE LENS

(Capital), Cebu  
 09177097074 / 09171575430

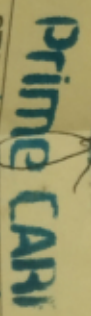
Optics & Diagnostic Center, Inc.  
 1000 Soledad Ave., Soriano Jr. Ave., NRA, Mabolo, Cebu City  
 81266-3245  
 09177097074



**SERVICE ORDER**

Priority No.	0038
SO No.	520332
S.O Date	01/20/2026
Terms	30 Days
Amount Due	₱800.00

**PATIENT ID** : 144855  
**PATIENT NAME** : BACUS, CHRISTON DAVE, JENILLA  
**PATIENT ADDRESS** : Jagobiao, Mandaua City, Cebu  
**MOBILE NO.** : 0994 014 7004  
**EMAIL ADDRESS** : .....  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY



**PATIENT INFORMATION**  
**GENDER** : Male  
**BIRTHDATE** : 12/06/1994  
**AGE** : 31  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

**CODE** : P127  
**PARTICULARS/PROCEDURE**  
 PLOY PEME  
 CHEST PA  
 CBC  
 DA  
 SF  
 PEAK  
 (NOTE: PLEASE COMPLETE ALL DRUG TEST THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)

QTY	UNIT PRICE	AMOUNT
1.00	800.00	800.00

**BIOMETRY DATE:** JAN 21 2026

**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

**VALIDATED**

**PREPARED BY:**  
 Dante P. Tampus

**ACKNOWLEDGED BY:**  
 Signature Over Printed Name

**BY:**  
 Signature Over Bonded Name

Date Created: 01/20/2026 09:14 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 \*\*\*\*