



Free Eye check up
FREE LENS

Name: *Rachele Ann Bentoy*
Visual Acuity:
OD: *20/20 w/eyeglasses*
OS:
Diagnosis:

NS
yes Ave, Cebu City, Cebu, Cebu City

16th floor, One Montage,
(Capital), Cebu
09177097074 / 09171575430

Priority No.	0076
SO No.	521492
S.O Date	01/26/2026
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 145816
PATIENT NAME : BENTOY, RACHELE ANN, JONOTA
PATIENT ADDRESS : Talamban, Cebu City (Capital), Cebu
MOBILE NO. : 0975 391 7439
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY



GENDER : Female
BIRTHDATE : 09/14/2001
AGE : 24
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : A.P.E

QTY	UNIT PRICE	AMOUNT
1.00	800.00	800.00

SUMMARY OF CHARGES	
TOTAL SALES	800.00
VARIABLE SALES	0.00
SC/PWD DISCOUNT	0.00
AMOUNT DUE	800.00

BIOMETRICS DONE
DATE: *JAN 26 2026*

CODE PARTICULARS/PROCEDURE
P127 IPLOY PEME
PE, CHEST PA, CBC, UA, SE
INDIC TEST
THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU
WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT
AVAILMENT

PREPARED BY:
Dante P. Tampus

ACKNOWLEDGED BY:

VALIDATED
VERIFIED BY:
BY: *[Signature]*

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: 01/26/2026 10:33 AM

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