



Free Eye check up
FREE LENS

Name: *20/25*
 Visual Acuity: *20/25*
 OD: *m*
 OS: *g*
 Diagnosis:

Priority No.	0152
SO No.	521585
S.O Date	01/26/2026
Terms	30 Days
Amount Due	₱800.00

10th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City
 (Capital), Cebu
 09177097074 / 09171575430

PATIENT INFORMATION

PATIENT ID : 145865
PATIENT NAME : LAZARTE, RETZ FRANCHETTE, ALFORQUE
PATIENT ADDRESS : Colon, City Of Naga, Cebu
MOBILE NO. : 0930 060 3746
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY



GENDER : Female
BIRTHDATE : 12/19/2001
AGE : 24
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

Prime CARE

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

BIOMETRICS DONE
 DATE: *1/26/26*

PREPARED BY: Dante P. Tampus	ACKNOWLEDGED BY: Signature Over Printed Name	VERIFIED BY: VALIDATED Signature Over Printed Name
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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 01:18 PM

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