



FREE EYE CHECK-UP

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

Beside Cashier Counter

RIGHT EYE:  
LEFT EYE:

Priority No.	0040
SO No.	521446
S.O Date	01/26/2026
Terms	30 Days
Amount Due	P800.00

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

PATIENT INFORMATION

PATIENT ID : 145787  
PATIENT NAME : FERENAL, KARYL LEIGN, TUNDAG  
PATIENT ADDRESS : Agus, Lapu-Lapu City (Opon), Cebu  
MOBILE NO. : 0966 574 1842  
EMAIL ADDRESS :  
REQUESTING PHYSICIAN :  
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS  
RESULT DELIVERY : DELIVERY

GENDER : Male  
BIRTHDATE : 06/16/2000  
AGE : 25  
CIVIL STATUS : Single  
SC/PWD ID :  
HMO CARD NO. :  
PATIENT STATUS : FOR EMPLOYMENT



CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME »PE, CHESTPA, 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	TOTAL SALES : 800.00 VATABLE SALES : 0.00 V-A-T : 0.00 SC/PWD DISCOUNT : 0.00 AMOUNT DUE : 800.00

BIOMETRICS DONE  
DATE: 1/26/26

VALIDATED

PREPARED BY:

JILLY U. HERNANDEZ

ACKNOWLEDGED BY:

Signature Over Printed Name

BY:

Signature Over Printed Name