

FREE EYE CHECK-UP

Beside Cashier Counter

RIGHT EYE: *W 25*

LEFT EYE: *W 25*

SOLUTIONS

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

Clincs & Diagnostic Center, Inc.
Entrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
0313/266-3245
alpha.ph

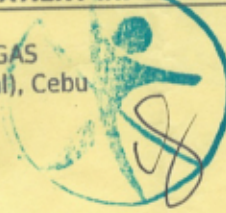


Priority No.	0100
SO No.	521523
S.O Date	01/26/2026
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 145835
 PATIENT NAME : SALAZAR, TESSIE GEE, VILLEGAS
 PATIENT ADDRESS : Guadalupe, Cebu City (Capital), Cebu
 MOBILE NO. : 0975 909 0622
 EMAIL ADDRESS : iamsalazartg@gmail.com
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY

GENDER : Female
 BIRTHDATE : 10/03/1996
 AGE : 29
 CIVIL STATUS : Single
 SC/PWD ID :
 HMO CARD NO. :
 PATIENT STATUS : FOR EMPLOYMENT



CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME PE, CHEP PA, CBC, UA, CE, <i>2000</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
VATABLE 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: Juvelyn N. Ursal	ACKNOWLEDGED BY: _____ Signature Over Printed Name	VERIFIED BY: VALIDATED BY: _____ 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 11:12 AM

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