

**OPTICAL**  
ADULT & CHILD  
**Referral Slip**

Free Eye check up  
FREE LENS

Name:  
Visual Acuity:  
D:  
S:  
Diagnosis:

**Diagnostic Center, Inc.**  
Soriano Jr. Ave., NRA, Mabolo, Cebu City  
60245

**SERVICE ORDER**



Priority No.	0163
SO No.	521600
S.O Date	01/26/2026
Terms	30 Days
Amount Due	P800.00

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

NS  
Eyes Ave, Cebu City, Cebu, Cebu City

**PATIENT INFORMATION**

**PATIENT ID** : 145875  
**PATIENT NAME** : GRAJO, JAMES DAVID, SEMBLANTE  
**PATIENT ADDRESS** : Poblacion Oriental, Consolacion, Cebu  
**MOBILE NO.** : 0991 180 2681  
**EMAIL ADDRESS** : jamesgrajo43@gmail.com  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY



**GENDER** : Male  
**BIRTHDATE** : 10/11/2002  
**AGE** : 23  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

**PRIME CARE**

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME »PE, CHEST PA, CBC, UA, SE <i>maind</i> DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TESTS WITHIN THIS DAY. OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)	1.00	800.00	800.00	<b>TOTAL SALES</b> : 800.00 <b>VARIABLE SALES</b> : 0.00 <b>V-A-T</b> : 0.00 <b>SC/PWD DISCOUNT</b> : 0.00 <b>AMOUNT DUE</b> : 800.00

**BIOMETRICS DONE**  
DATE: *1/26/26*

<b>PREPARED BY:</b> Dante P. Tampus	<b>ACKNOWLEDGED BY:</b>  Signature Over Printed Name	<b>VERIFIED BY:</b> <b>VALIDATED</b> 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.

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