



Free Eye check up  
FREE LENS

Name: *2d/pv*  
Visual Acuity: *2d/pv*  
OD: *WA*  
OS: *WA*  
Diagnosis: *WA*

Priority No.	0128
SO No.	522821
S.O Date	02/02/2026
Terms	30 Days
Amount Due	P800.00

5  
yes Ave, Cebu City, Cebu, Cebu City

(Capital), Cebu  
09177097074 / 09171575430

**PATIENT INFORMATION**

<b>PATIENT ID</b>	: 147164	<b>GENDER</b>	: Female
<b>PATIENT NAME</b>	: PADOLINA, DRAZEN JULIANNE, RESTOR	<b>BIRTHDATE</b>	: 03/23/2001
<b>PATIENT ADDRESS</b>	: Cogon Pardo, Cebu City (Capital), Cebu	<b>AGE</b>	: 24
<b>MOBILE NO.</b>	: 0915 977 7889	<b>CIVIL STATUS</b>	: Single
<b>EMAIL ADDRESS</b>	:	<b>SC/PWD ID</b>	:
<b>REQUESTING PHYSICIAN</b>	:	<b>HMO CARD NO.</b>	:
<b>COMPANY/REFERRED BY</b>	: IPLOY STAFFING SOLUTIONS	<b>PATIENT STATUS</b>	: FOR EMPLOYMENT
<b>RESULT DELIVERY</b>	: DELIVERY		

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

**PREPARED BY:**

*Dante P. Tempus*

**ACKNOWLEDGED BY:**

*[Signature]*  
Signature Over Printed Name

**VALIDATED**  
VERIFIED BY:

BY:

*[Signature]*  
Signature Over Printed Name