

FREE EYE CHECK-UP

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

SERVICE ORDER



Beside Cashier Counter

Priority No.	0068
SO No.	522757
S.O Date	02/02/2026
Terms	30 Days
Amount Due	₱800.00

RIGHT EYE:

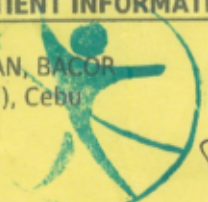
LEFT EYE:

[000160] IPLOY STAFFING SOLUTIONS

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

PATIENT INFORMATION

PATIENT ID : 146973
 PATIENT NAME : SABAUPAN, APRIL FRANCES JIHAN, BACOR
 PATIENT ADDRESS : Lahug (Pob.), Cebu City (Capital), Cebu
 MOBILE NO. : 0906 793 6066
 EMAIL ADDRESS : prillebacor@gmail.com
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY



GENDER : Female
 BIRTHDATE : 04/15/2000
 AGE : 25
 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, SE 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

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: 2/2/26

PREPARED BY:

Juvelyn N. Ursal

ACKNOWLEDGED BY:

Signature Over Printed Name

VALIDATED
BY: [Signature]

Signature Over Printed Name