

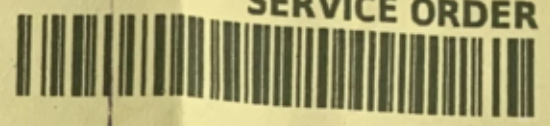
FREE EYE CHECK-UP

Beside Cashier Counter

RIGHT EYE: 20/20
LEFT EYE: 20/20

Polyclinics & Diagnostic Center, Inc.
M Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
82-2273/266-3245
realalpha.ph

SERVICE ORDER



Please come on date scheduled
02-18-20 otherwise you will
have to pay

Priority No.	0056
SO No.	523639
S.O Date	02/09/2026
Terms	30 Days
Amount Due	P800.00

[000160] IPLOY STAFFING SOLUTIONS
16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu City
(Capital), Cebu
09177097074 / 09171575430

PATIENT INFORMATION

PATIENT ID : 147557
PATIENT NAME : BEDUYA, MARIA JOVITA, ABADIANO
PATIENT ADDRESS : LOURDES, Cogon Pardo, Cebu City (Capital), Cebu
MOBILE NO. :
EMAIL ADDRESS : mjbeduya1227@gmail.com
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Female
BIRTHDATE : 12/15/1990
AGE : 35
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME PE, CHEST PA, UA, SE w/Al/Eo 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

BIOMETRICS DONE
DATE: **FEB 09 2026**

PREPARED BY: Juvelyn N. Ursal
ACKNOWLEDGED BY: _____
 Signature Over Printed Name
VERIFIED BY: **VALIDATED**
 Signature Over Printed Name
 BY: _____
 Date Created: 02/09/2026 10:24 AM

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 ****