

FREE EYE CHECK-UP

Beside Cashier Counter

RIGHT EYE: *M/20*

LEFT EYE:

Optics & Diagnostic Center, Inc.
Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
273/266-3245
pha.ph

SERVICE ORDER

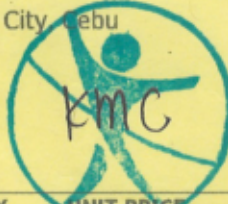


IPLOY STAFFING SOLUTIONS
16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City
(Capital), Cebu
09177097074 / 09171575430

Priority No.	0031
SO No.	523608
S.O Date	02/09/2026
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID	: 147540	GENDER	: Female
PATIENT NAME	: BAILO, JOYCE, BARAHAN	BIRTHDATE	: 12/20/2000
PATIENT ADDRESS	: A.S FORTUNA ST., Bakilid, Mandaue City Cebu	AGE	: 25
MOBILE NO.	: 0930 279 0654	CIVIL STATUS	: Single
EMAIL ADDRESS	: joycebbailo@gmail.com	SC/PWD ID	:
REQUESTING PHYSICIAN	:	HMO CARD NO.	:
COMPANY/REFERRED BY	: IPLOY STAFFING SOLUTIONS	PATIENT STATUS	: FOR EMPLOYMENT
RESULT DELIVERY	: DELIVERY		



CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME »PE, CHEST X, CBC, UA, SE 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	TOTAL SALES : 800.00 VARIABLE SALES : 0.00 V-A-T : 0.00 SC/PWD DISCOUNT : 0.00 AMOUNT DUE : 800.00

PRIME CARE
DATE FEB 09 2026

VALIDATED
VERIFIED BY:
BY: _____
Signature Over Printed Name

PREPARED BY: Juvelyn N. Ursal	ACKNOWLEDGED BY: _____ Signature Over Printed Name
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