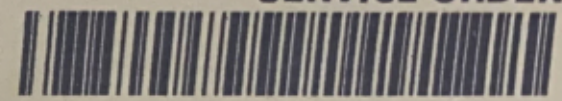


FREE EYE CHECK-UP
 Beside Cashier Counter
 RIGHT EYE:
 LEFT EYE:

Polyclinics & Diagnostic Center, Inc.
 MPM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 232-2273/266-3245
 carealpha.ph

SERVICE ORDER



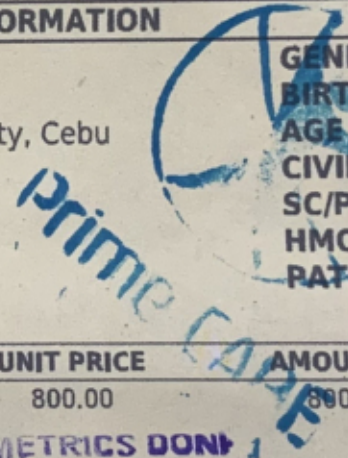
Priority No.	0038
SO No.	523617
S.O Date	02/09/2026
Terms	30 Days
Amount Due	P800.00

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

PATIENT INFORMATION

PATIENT ID : 147544
PATIENT NAME : LICANDA, ROBELIZA, YBAÑEZ
PATIENT ADDRESS : SAN VICENTE FERRER, Tabok, Mandaue City, Cebu
MOBILE NO. :
EMAIL ADDRESS : robelizacanda19@gmail.com
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Female
BIRTHDATE : 07/27/2000
AGE : 25
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, CBC, UA, SE, WAX, 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
 BY: Signature Over Printed Name

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 ****