

**FREE EYE CHECK-UP**

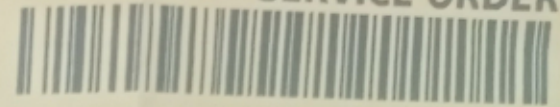
Beside Cashier Counter

RIGHT EYE:

LEFT EYE:

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

**SERVICE ORDER**



**[000160] IPLOY STAFFING SOLUTIONS**

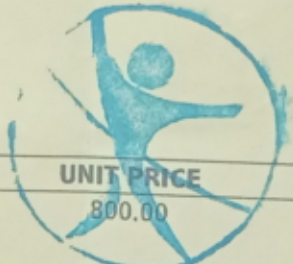
16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu City  
(Capital), Cebu  
09177097074 / 09171575430

Priority No.	0084
SO No.	525992
S.O Date	03/02/2026
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

**PATIENT ID** : 150618  
**PATIENT NAME** : MOMO, KYLRENE JANE, ANCIANO  
**PATIENT ADDRESS** : BALAGTAS, Pahina Central (Pob.), Cebu City (Capital), Cebu  
**MOBILE NO.** : 0992 252 2022  
**EMAIL ADDRESS** : momokylrene@gmail.com  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

**GENDER** : Female  
**BIRTHDATE** : 10/02/2001  
**AGE** : 24  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT



BIOMETRICS DONE  
PRIME CARE  
03/02/2026

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

**VALIDATED**

PREPARED BY:

Juvelyn N. Ursal

ACKNOWLEDGED BY:

Signature Over Printed Name

VERIFIED 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.