

FREE EYE CHECK-UP

Beside Cashier Counter

RIGHT EYE: *20/20*

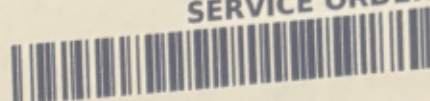
LEFT EYE: *20/20*

[000160] IPLOY STAFFING SOLUTIONS

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

ics & Diagnostic Center, Inc.
rle, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
3/266-3245
a.ph

SERVICE ORDER



Priority No.	0057
SO No.	526748
S.O Date	03/09/2026
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 150899
 PATIENT NAME : LACSON, JOSHUA, LEDESMA
 PATIENT ADDRESS : Bulacao, City Of Talisay, Cebu
 MOBILE NO. : 0991 484 3907
 EMAIL ADDRESS : joshuallacson@gmail.com
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY



GENDER : Male
 BIRTHDATE : 11/26/2005
 AGE : 20
 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, <i>voice</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

PRIME CARE
 BIOMETRICS DONE
 DATE: MAR 09 2026

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

PREPARED BY:

Juvelyn N. Ursal

ACKNOWLEDGED BY:

Signature Over Printed Name

VERIFIED BY:

Signature Over Printed Name

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.

Date Created: 03/09/2026 11:27 AM

**** THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM ****