

**FREE EYE CHECK-UP**

Beside Cashier Counter

RIGHT EYE: 20/40

LEFT EYE: 20/40

**Opticlinics & Diagnostic Center, Inc.**  
 Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
 2273/266-3245  
 alpha.ph

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

**SERVICE ORDER**

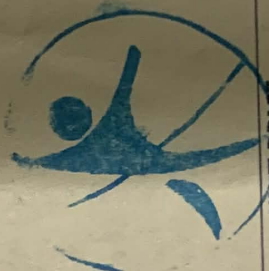


Priority No.	0055
SO No.	526746
S.O Date	03/09/2026
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

PATIENT ID : 150898  
 PATIENT NAME : PEREZ, MARK GABRIEL, DOCE  
 PATIENT ADDRESS : Bulacao, City Of Talisay, Cebu  
 MOBILE NO. : 0993 156 0219  
 EMAIL ADDRESS : markgabperez2004@gmail.com  
 REQUESTING PHYSICIAN :  
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS  
 RESULT DELIVERY : DELIVERY

GENDER : Male  
 BIRTHDATE : 10/23/2004  
 AGE : 21  
 CIVIL STATUS : Single  
 SC/PWD ID :  
 HMO CARD NO. :  
 PATIENT STATUS : FOR EMPLOYMENT



SUMMARY OF CHARGES	AMOUNT
TOTAL SALES	800.00
VARIABLE SALES	0.00
V-A-T	0.00
SC/PWD DISCOUNT	0.00
AMOUNT DUE	800.00

CODE P127  
 PARTICULARS/PROCEDURE  
 IPLOY PEME  
 » PE, CHEST PA, CBC, UA, SE *waived*  
 DRUG TEST (NOTE: PLEASE COMPLY ALL  
 THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU  
 WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT  
 AVAILMENT.)

DATE: MAR 09 2026

PREPARED BY:  
 Juvelyn N. Ursal

ACKNOWLEDGED BY:  
 Signature Over Printed Name

**VALIDATED**

Signature Over Printed Name

Date Created: 03/09/2026 11:25 AM

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 \*\*\*\*