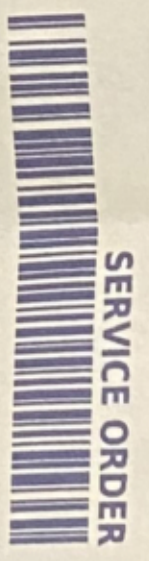


**FREE EYE CHECK-UP**

Beside Cashier Counter

EFT EYE:

Polyclinics & Diagnostic Center, Inc.  
 M Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
 32-2273/266-3245  
 arealpha.ph

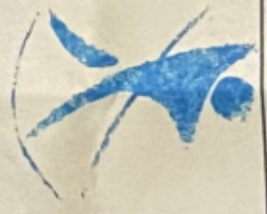


**[0001601] IPLOY STAFFING SOLUTIONS**  
 16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu City  
 (Capital), Cebu  
 09177097074 / 09171575430

Priority No.	0001
SO No.	526680
S.O Date	03/09/2026
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

**PATIENT ID** : 150874  
**PATIENT NAME** : VISTAL, REMBRANT, NUÑEZ  
**PATIENT ADDRESS** : Poblacion, Cordova, Cebu  
**MOBILE NO.** : 0949 160 2767  
**EMAIL ADDRESS** : ....  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY



**GENDER** : Female  
**BIRTHDATE** : 02/23/1999  
**AGE** : 27  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

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

**QTY** : 1.00  
**UNIT PRICE** : 800.00  
**AMOUNT** : 800.00

**DATE:** MAR 09 2026  
 DIOMETRICS DONOR

**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:**

Dante P. Tampus

**ACKNOWLEDGED BY:**

Signature Over Printed Name

**VALIDATED**  
 VERIFIED BY:  
 Signature Over Printed Name

Date Created: 03/09/2026 07:29 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 \*\*\*\*