

FREE EYE CHECK-UP

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

SERVICE ORDER

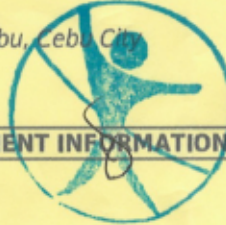


Beside Cashier Counter

Priority No.	0006
SO No.	526687
S.O Date	03/09/2026
Terms	30 Days
Amount Due	P800.00

[000160] IPLOY STAFFING SOLUTIONS

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



PATIENT INFORMATION

PATIENT ID : 150877
 PATIENT NAME : MENDOZA, FRANCES, ALFANTE
 PATIENT ADDRESS : Tipolo, Mandaue City, Cebu
 MOBILE NO. : 0970 448 8055
 EMAIL ADDRESS : mendoxafrances70@gmail.com
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY

GENDER : Female
 BIRTHDATE : 08/26/1999
 AGE : 26
 CIVIL STATUS : Single
 SC/PWD ID :
 HMO CARD NO. :
 PATIENT STATUS : FOR EMPLOYMENT

Prime CARE
ALPHA

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME »PE, CHEST P, CBC, UA, SE <i>swind</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	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: MAR 09 2026

PREPARED BY:

Dante P. Tampus

ACKNOWLEDGED BY:

Frances A. Mendoza
FRANCES A. MENDOZA
Signature Over Printed Name

VERIFIED BY:

VALIDATED
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.