

OPTICAL Referral Slip

Free Eye check up
FREE LENS

Name:
Visual Acuity:
OD:
OS:
Diagnosis

20/100
20/70
VA SK

ostic Center, Inc.
o Jr. Ave., NRA, Mabolo, Cebu City

SERVICE ORDER

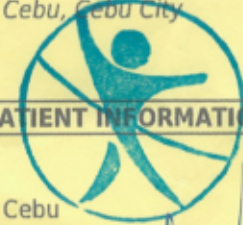


Priority No.	0035
SO No.	527399
S.O Date	03/16/2026
Terms	30 Days
Amount Due	₱800.00

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

PATIENT INFORMATION

PATIENT ID : 151140	GENDER : Female
PATIENT NAME : SADIASA, LAIZA, DOLOSO	BIRTHDATE : 07/26/1996
PATIENT ADDRESS : Agus, Lapu-Lapu City (Opon), Cebu	AGE : 29
MOBILE NO. : 0927 588 2653	CIVIL STATUS : Single
EMAIL ADDRESS :	SC/PWD ID :
REQUESTING PHYSICIAN :	HMO CARD NO. :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS	PATIENT STATUS : FOR EMPLOYMENT
RESULT DELIVERY : DELIVERY	



PRIME CARE
BIOMETRICS DONE
GATE B 1 H 2026

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME »PE, CHEST PA, CBC, UA, SE 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

PREPARED BY: Dante P. Tampus	ACKNOWLEDGED BY: Signature Over Printed Name	VALIDATED BY: Signature Over Printed Name
--	--	---