

FREE EYE CHECK-UP

Polyclinics & Diagnostic Center, Inc.
APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
232-2273/266-3245
carealpha.ph

SERVICE ORDER



Beside Cashier Counter

RIGHT EYE:
LEFT EYE:

Priority No.	0002
SO No.	528867
S.O Date	04/01/2026
Terms	30 Days
Amount Due	P800.00

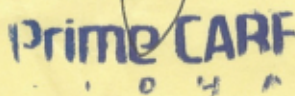
[000160] IPLOY STAFFING SOLUTIONS

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



PATIENT INFORMATION

PATIENT ID : 040888
 PATIENT NAME : RIZADA, RIZA LEZEL, CAPA
 PATIENT ADDRESS : Cantabaco, Toledo City, Cebu
 MOBILE NO. : 0955 622 4582
 EMAIL ADDRESS :
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY



GENDER : Female
 BIRTHDATE : 07/31/1988
 AGE : 37
 CIVIL STATUS : Single
 SC/PWD ID :
 HMO CARD NO. :
 PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME »PE, CHEST PA, CBC, UA, SE <i>Notified</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.) 5747	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

BIOMETRIC SIGNATURE
DATE: APR 01 2026

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

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