



## OUT-PATIENT CLAIM FORM

Name of Employee: Maria Pamela B. Dual Policyholder: \_\_\_\_\_ Total Amount of Official Receipt/s: \_\_\_\_\_

To be accomplished by Attending Physician:

Name of Patient: MARIA PAMELA B. DUAL Date of Consultation: OCT. 22, 2023

Sex: FEMALE Age: 22

Complaints: BLUZZING OF VISION AT FAR OL.

Recommendation - Laboratory Examination: 1. AUTOMATED REFRACTION  
2. MANIFEST REFRACTION

- Prescribed Medicines: -BLUE LIGHT CONTROL LENS

Final Diagnosis: OL: COMPOUND MYOPIC ASTIGMATISM

DR. JOSEPH ADONIS S. ABOLENCIA  
ATTENDING PHYSICIAN'S SIGNATURE  
OVER PRINTED NAME

EXECUTIVE OPTICA INC., 2ND FLR MARKET MALL BECTON 16  
CLINIC ADDRESS & TELEPHONE NO. 7000-3004  
LICENSE NO. #007814 CT

[Signature]  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
EMPLOYER'S SIGNATURE (HRD)

Note: Please attach this form to the ORIGINAL Doctor's Prescriptions and Official Receipt (BIR Registered)

### IMPORTANT NOTICE

"Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim."



TEL # : 7000-3004  
CP# : 0919-0822939



**EO-EXECUTIVE OPTICAL**  
**Market Market**

Owned and Operated by: Executive Optical, Inc.  
Space 232 2/F Market! Market! Bonifacio Global City Fort Bonifacio 1634 Taguig City NCR, Fourth District Philippines  
VAT REGISTERED TIN: 200-068-519-00036

**SALES INVOICE No.**

**4298**

**SOLD TO: MARIA PAMELLA DUAL**

**Date: 22-2023**

**TIN:**

**Business Style:**

**OSCA / PWD ID No.:**

**Address:**

**SC/PWD SIGNATURE:**

QTY	Description	Unit Price	Amount
1	FRAMES	1,880.00	1,880.00
2	LENS	745.00	1,490.00
1	ACCESSORIES	199.00	199.00
3	FREEITEMS	0.00	0.00

**VATABLE SALES**

**VAT EXEMPT SALES**

**ZERO RATED SALES**

**TOTAL GROSS SALES**

**OUTPUT VAT**

**TOTAL SALES**

**TENDER TYPE:**

**Cash : 2,079.00**

**TOTAL SALES**

**(VAT INCLUSIVE)**

**Less: VAT**

**Amount Net of Vat**

**Less: SC/ PWD Discount**

**Less: Sales Discount**

**Amount Due:**

**ADD: OUTPUT VAT**

**TOTAL AMOUNT DUE -**

**(VAT INCLUSIVE)**

**LESS: DOWNPAYMENT**

**BALANCE:**

"Orders not fully  
claimed and paid  
within 60 days will be  
automatically be  
cancelled. Any  
deposit will be  
forfeited."

**PREPARED BY:**

**Jenefer  
Malahay**

**AUTHORIZED REPRESENTATIVE:**

Received the above item/s in  
good order and condition.  
CONDITIONS OF SALE IS  
HEREBY ACCEPTED.

**CUSTOMER'S SIGNATURE**

200 Pads (50x3) 0001-10000

BIR ATP NUMBER OCN: 044AU20230000005015

Date of ATP: July 03, 2023

Loose Leaf Permit No.: LLAR-039-0523-00267

Date Issued: 05-19-2023



**CURACHA PRINTING**

PH 1 ROQUE COMPD #37 NPC VILLAGE PASONG TAMO TANDANG SORA 1107  
QUEZON CITY NCR, SECOND DISTRICT, PHILIPPINES

VAT REG TIN: 937-809-670-00000

Kelvin C. Roque-Prop. Contact No. : 09178422382

Accreditation No.: 028MP20210000000051 \* Date Issued: 07/02/2021

Accreditation Expiration: 07/01/2026





BRANCH market! market!

## MEDICAL CERTIFICATE

PATIENT'S NAME maria Pamela Dual

PATIENT'S ADDRESS \_\_\_\_\_

PATIENT'S ID NO. \_\_\_\_\_

BIRTHDATE 6.8.2001 AGE \_\_\_\_\_ GENDER F

CONTACT LENS / SPECTACLE

**R<sub>x</sub>**

FOR EYEGLASSES:

	SPH	CYL	AXIS	ADD	VA
OD	-1.50	-0.50	105		
OS	-1.25	-0.50	75		

DIAGNOSIS myopia with Astigmatism

REMARKS prescribed spectacles to improve vision at far.

CHECK-UP DATE 10.22.2023 DATE ISSUED 10.22.23

This prescription expires on 10.22.2024  
or One (1) Year from check-up date written above.

for:  
ATTENDING DOCTOR Dr. Jeffrey M. Acosta  
License No. 10685  
DR. JOSEPH ADONIS ABOLLENCA, O.D.  
0007814  
LICENSE NO. \_\_\_\_\_