



BILL TO :

[000160] IPLOY STAFFING SOLUTIONS
 CEBU CITY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu

Priority No.	0036
SO No.	421407
S.O Date	04/03/2023
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 057702	GENDER : Female
PATIENT NAME : TEOFILO, SHARMAINE, CALO	BIRTHDATE : 04/12/1993
PATIENT ADDRESS : Sambag I (Pob.), Cebu City (Capital), Cebu	AGE : 30
MOBILE NO. : 09603260035	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 : PICKUP	EMAIL :

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME »PE, CHEST PA, CBC, UA, RE WAKU DRUG TEST (NOTE: PLEASE COMPLY THE DRUG 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: Juevelina N. Sevilla	ACKNOWLEDGED BY: Signature Over Printed Name	VALIDATED BY: Signature Over Printed Name
---	--	---