



Medgrupe Polyclinics & Diagnostic Center, Inc.
2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
Tel # (032) 232-2273/266-3245
www.primecarecebu.com

SERVICE ORDER



BILL TO :

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

Priority No.	0011
SO No.	421492
S.O Date	04/04/2023
Terms	30 Days
Amount Due	₱800.00

PATIENT INFORMATION

PATIENT ID	: 058715	GENDER	: Female
PATIENT NAME	: LAMOSTE, JENELYN, DACALLOS	BIRTHDATE	: 01/10/1997
PATIENT ADDRESS	: Cubacub, Mandaue City, Cebu	AGE	: 26
MOBILE NO.	: 09153938740	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 TIME *PS, CHEST PA, CBL, UA, SE <i>varied</i>	1.00	800.00	800.00	TOTAL SALES : 800.00
	DRUG TEST (NOTE: PLEASE COMPLY THE DRUG TEST WITHIN THIS DAY. OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)				VARIABLE SALES : 0.00
					V-A-T : 0.00
					SC/PWD DISCOUNT : 0.00
					AMOUNT DUE : 800.00

*Bi done
4/4/23*

PREPARED BY: <i>Juevelina N. Sevilla</i>	ACKNOWLEDGED BY: Signature Over Printed Name	VERIFIED BY: VALIDATED Signature Over Printed Name
---	---	---

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

Medgrupe Polyclinics & Diagnostic Center, Inc.
2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
Tel # (032) 232-2273/266-3245
www.primecarecebu.com

SERVICE ORDER



BILL TO :

LAMOSTE, JENELYN, DACALLOS (Patient)
Cubacub, Mandaue City, Cebu

Priority No.	0007
SO No.	422666
S.O Date	04/21/2023
Terms	Cash
Amount Due	₱110.00

PATIENT INFORMATION

PATIENT ID	: 058715	GENDER	: Female
PATIENT NAME	: LAMOSTE, JENELYN, DACALLOS	BIRTHDATE	: 01/10/1997
PATIENT ADDRESS	: Cubacub, Mandaue City, Cebu	AGE	: 26
MOBILE NO.	: 09153938740	CIVIL STATUS	: Single
EMAIL ADDRESS	: ..	SC/PWD ID	: ..
REQUESTING PHYSICIAN	: ..	HMO CARD NO.	: ..
COMPANY/REFERRED BY	: IPLOY STAFFING SOLUTIONS	PATIENT STATUS	: DIAGNOSTICS
RESULT DELIVERY	: PICKUP	EMAIL	: ..

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
LD12	URINALYSIS (U/A)	1.00	110.00	110.00	TOTAL SALES : 110.00
					VARIABLE SALES : 0.00
					V-A-T : 0.00
					SC/PWD DISCOUNT : 0.00
					AMOUNT DUE : 110.00

PREPARED BY: Ann Christine I. Ruiz	ACKNOWLEDGED BY: Signature Over Printed Name	VERIFIED BY: PAID Signature Over Printed Name
---------------------------------------	---	--

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

PRIME CARE ALPHA 04/21/2023 08:38:52 am