



Medgrupp 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



BILL TO :

10001601 IPLOY STAFFING SOLUTIONS
 CEBU CTTY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu

Priority No.	0006
SO No.	433283
S.O Date	08/29/2023
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 080363
PATIENT NAME : QUINTANA, TYLA CHAIREN, TINAPAY
PATIENT ADDRESS : 131-B Colveta II Tabada St., Basak San Nicolas, Cebu City (Capital), Cebu

MOBILE NO. : 092261401220
EMAIL ADDRESS : quintanalyzer@gmail.com

REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS

RESULT DELIVERED BY : DELIVERY

RESIDUALS/PROCEDURE :
 CHEST X-RAY
 DRUG TEST
 NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)

GENDER : Female
BIRTHDATE : 01/18/2000
AGE : 23
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
1.00	800.00	800.00	TOTAL SALES : 800.00
			VARIABLE SALES : 0.00
			SC/PWD DISCOUNT : 0.00
			AMOUNT DUE : 800.00

PREPARED BY:

Cieramae Canada

ACKNOWLEDGED BY:

Signature Over Printed Name

VALIDATED BY:

Signature Over Printed Name

I acknowledge that I have reviewed the prices listed on the (SO) and agree to the charges associated with the products and services mentioned therein.

Date Created: 08/29/2023 07:31 AM

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