



**Medgrupp Polyclinics & Diagnostic Center, Inc.**  
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
 Tel # (032) 232-2273/256-3245  
 www.primecarecebu.com



**SERVICE ORDER**

**BILL TO :**

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



|              |            |
|--------------|------------|
| Priority No. | 0104       |
| SO No.       | 437059     |
| S.O Date     | 10/09/2023 |
| Terms        | 30 Days    |
| Amount Due   | ₱800.00    |

**PATIENT INFORMATION**

**PATIENT ID** : 082302  
**PATIENT NAME** : CASTILLO, LOVELY JANE, MASECAMPO  
**PATIENT ADDRESS** : Blk 1D Lot 21 Velpal 1, Pakigne, Mijaganja, P H A  
**MOBILE NO.** : 09333560802  
**EMAIL ADDRESS** :  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

**GENDER** : Female  
**BIRTHDATE** : 02/25/2005  
**AGE** : 18  
**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 PRIME<br>DRUG TEST<br>NOTE: PLEASE COMPLY ALL THE FOLLOWING 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:**

Clermae Canada

**ACKNOWLEDGED BY:**

*[Signature]*  
 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 charges associated with the products and services.

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

**VALIDATED**  
 VERIFIED  
 Signature Over Printed Name

BY: *[Signature]*  
 Date Created: 10/09/2023 01:31 PM