



**Medgrupe Polyclinics & Diagnostic Center, Inc.**  
 2nd Level, APM Centrale, A. C. Mariano Jr. Ave., NRA, Mabolo, Cebu City  
 Tel # (032) 232-2273/266-3  
 www.primecarecebu.com

**SERVICE ORDER**



**BILL TO :**

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

PLEASE COME ON SCHEDULED DATE  
 OTHERWISE YOU WILL HAVE TO PAY IT  
 1-10-24

Priority No.	0069
SO No.	446695
S,O Date	01/02/2024
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

**PATIENT ID** : 090922  
**PATIENT NAME** : TABARNO., CAREN, BALDADO  
**PATIENT ADDRESS** : Lorega (Lorega San Miguel), Cebu City (Capital), Cebu  
**MOBILE NO.** : 0915 162 8113  
**EMAIL ADDRESS** : TABARNOCAREN51@GMAIL.COM  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

**GENDER** : Female  
**BIRTHDATE** : 03/10/2000  
**AGE** : 23  
**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 PEME »PE, CHEST PA, CBC, UA, SE <i>included</i> DRUG TEST (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	<b>TOTAL SALES</b> : 800.00 <b>VARIABLE SALES</b> : 0.00 <b>V-A-T</b> : 0.00 <b>SC/PWD DISCOUNT</b> : 0.00 <b>AMOUNT DUE</b> : 800.00

BIOMETRICS DONE  
 DATE: JAN 02 2024

<b>PREPARED BY:</b> Arissa Marie L. Armenion	<b>ACKNOWLEDGED BY:</b> Signature Over Printed Name	<b>VERIFIED BY:</b> <b>VALIDATED</b> Signature Over Printed Name
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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 changes associated with the products and services. BY: Date Created: 01/02/2024 02:15 PM

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