







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

SERVICE ORDER



BILL TO :

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

DATE SCHEDULED: 5/28/24
 OTHERWISE, YOU WILL HAVE TO PAY P
 Priority No. _____
 SO No. _____
 S.O. Date _____
 Terms _____
 Amount Due _____

Priority No.	0013
SO No.	462936
S.O. Date	05/21/2024
Terms	30 Days
Amount Due	P800.00

PATIENT ID : 100485
PATIENT NAME : GESIM, SHEILA JANE, ESCALANTE
PATIENT ADDRESS : Inayawan, Cebu City (Capital), Cebu
MOBILE NO. : 09624257851
EMAIL ADDRESS : _____
REQUESTING PHYSICIAN : _____
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

PATIENT INFORMATION

GENDER : Female
BIRTHDATE : 03/25/2001
AGE : 23
CIVIL STATUS : Single
SC/PWD ID : _____
HMO CARD NO. : _____
PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME »PE, CHEST PA, CBC, UA, SE 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

SUMMARY OF CHARGES

TOTAL SALES	800.00
VARIABLE SALES	0.00
V-A-T	0.00
SC/PWD DISCOUNT	0.00
AMOUNT DUE	800.00

PREPARED BY:
 Floren A. Manigos

Signature
 Signature Over Printed Name

ACKNOWLEDGED BY:
 Signature Over Printed Name

VALIDATED
 BY: 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 changes associated with the products and services.



0013
 42123
 0212101
 30 Days
 1500.00

Priority No.
 30 No.
 Date
 Terms
 Amount Due

Female
 03/25/2001
 23
 Single

GENDER
 BIRTHDATE
 AGE
 CIVIL STATUS

FOR EMPLOYMENT
 PATIENT STATUS

HMO CARD NO.
 SCRD TO

SUMMARY OF CHARGES

TOTAL SALES	800.00
VARIABLE SALES	
VAT	
SCRD DISCOUNT	
AMOUNT DUE	

AMOUNT
 UNIT PRICE
 QTY

VALIDATED
 BY: _____

ACKNOWLEDGED BY:

PREPARED BY:

WAIVED

Prime CARE
ALPHA

Test/s Waived: STOOL

Date: 2/1/14

Time: 9:30 am

Patient Signature:

Lab Personnel:

WILL PAY WITH YOUR OWN EXPENSE FOR NEXT
 THE FOLLOWING TEST WITHIN THE DAY OTHERWISE YOU
 DRUG TEST
 CHEST X-RAY
 PLEASE COMPLY ALL