Medgruppe 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

Priority No.	**0011**
SO No.	**466695**
S.O Date	**07/01/2024**
Terms	**30 Days**
Amount Due	**₱800.00**

BILL TO :

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

PATIENT INFORMATION

PATIENT ID	: 102172	**GENDER**	: Male
PATIENT NAME	: TORREFIEL, RONEL, ESTARIJA	**BIRTHDATE**	: 03/31/2001
PATIENT ADDRESS	: Sambag Ii (Pob.), Cebu City (Capital), Cebu	**AGE**	: 23
MOBILE NO.	: 09502693022	**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	: DELIVERY		

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

waived

BIOMETRICS DONE
DATE
JUL 01 2024

SUMMARY OF CHARGES		
TOTAL SALES	:	800.00
VATABLE SALES	:	0.00
V-A-T	:	0.00
SC/PWD DISCOUNT	:	0.00
AMOUNT DUE	:	800.00

PREPARED BY:

Floren A. Manigos

ACKNOWLEDGED BY:

Signature Over Printed Name

VERIFIED BY:

VALIDATED

Signature Over Printed Name

BY:

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.

Date Created: 07/01/2024 08:39 AM

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

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