



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



BILL TO :

[000160] IPLOY STAFFING SOLUTIONS
 16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City
 (Capital), Cebu
 09177097074 / 09171575430

WITHIN THESE PLEASE COMPLY WITHIN 24 HOURS	Priority No.	0001
DATE SCHEDULED	SO No.	473239
OTHERWISE YOU WILL HAVE TO PAY	S.O Date	09/10/2024
	Terms	30 Days
	Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 105154
PATIENT NAME : OPONE, AIRA BLAIRE,
PATIENT ADDRESS : Pit-Os, Cebu City (Capital), Cebu
MOBILE NO. : 0966 276 0714
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Female
BIRTHDATE : 12/26/2003
AGE : 20
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

PRIME CARE ALPHA



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

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	ACKNOWLEDGED BY: <i>BLO glos</i> Signature Over Printed Name	VALIDATED BY <i>[Signature]</i> 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.

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