



**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

**BILL TO :**

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

WITH MENSES, PLEASE COME ON  
 DATE SCHEDULED 10/14/24  
 OTHER MENS, & BATHING  
 Ave. Cebu City, & BATHING  
 PAY P

Priority No.	0140
SO No.	475029
S.O Date	09/30/2024
Terms	30 Days
Amount Due	P800.00



**PATIENT INFORMATION**

**PATIENT ID** : 106045  
**PATIENT NAME** : ALMERIA, TANISSA, GEOQUINTO  
**PATIENT ADDRESS** : BAG-O DAN, Yati, Liloan, Cebu  
**MOBILE NO.** : 0961 894 2043  
**EMAIL ADDRESS** : GEOQUINTOTANESSA11@GMAIL.COM  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

**GENDER** : Female  
**BIRTHDATE** : 09/11/2000  
**AGE** : 24  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT



**CODE** : PARTICULARS/PROCEDURE

**P127** IPLOY PEME  
 \*PEL CHEST PA CBC UA SE  
 DRUG TEST (NOTE: PLEASE COMPLETE ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)

QTY 1.00  
 UNIT PRICE 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

**ACKNOWLEDGED BY:**

**PREPARED BY:**

Arissa Marie L. Armenion

Signature Over Printed Name

BY: Signature Over Printed Name

Date Created: 09/30/2024 08:08 AM

**VOIDED**

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 \*\*\*\*\*