



**BILL TO :**

**[000160] IPLOY STAFFING SOLUTIONS**

16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City  
 (Capital), Cebu  
 09177097074 / 09171575430

Priority No.	0006
SO No.	477219
S.O Date	10/21/2024
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

<b>PATIENT ID</b> :	107023	<b>GENDER</b> :	Male
<b>PATIENT NAME</b> :	DOMOS, MICHAELA, DONDON	<b>BIRTHDATE</b> :	08/01/2005
<b>PATIENT ADDRESS</b> :	Labogon, Mandaue City, Cebu	<b>AGE</b> :	19
<b>MOBILE NO.</b> :	0963 117 6095	<b>CIVIL STATUS</b> :	Single
<b>EMAIL ADDRESS</b> :		<b>SC/PWD ID</b> :	
<b>REQUESTING PHYSICIAN</b> :		<b>HMO CARD NO.</b> :	
<b>COMPANY/REFERRED BY</b> :	IPLOY STAFFING SOLUTIONS	<b>PATIENT STATUS</b> :	FOR EMPLOYMENT
<b>RESULT DELIVERY</b> :	DELIVERY		

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME »PE, CHEST PA, CBC, UA, SE <i>urinal</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	TOTAL SALES : 800.00 VATABLE SALES : 0.00 V-A-T : 0.00 SC/PWD DISCOUNT : 0.00 AMOUNT DUE : 800.00

<b>PREPARED BY:</b> Floren A. Manigos	<b>ACKNOWLEDGED BY:</b> <i>BLO 10/21/24</i> Signature Over Printed Name	<b>VALIDATED</b> BY: <i>[Signature]</i> Signature Over Printed Name
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