



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

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

| | |
|--------------|------------|
| Priority No. | 0036 |
| SO No. | 480975 |
| S.O Date | 11/25/2024 |
| Terms | 30 Days |
| Amount Due | P800.00 |

PATIENT INFORMATION

PATIENT ID : 112579
PATIENT NAME : BERADOR, CASSANDRA PAULENE, DENGPOL
PATIENT ADDRESS : Lawaan li, City Of Talisay, Cebu
MOBILE NO. : 0992 332 5216
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Female
BIRTHDATE : 03/30/2005
AGE : 19
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

PRIME CARE
D H A

| CODE | PARTICULARS/PROCEDURE | QTY | UNIT PRICE | AMOUNT |
|------|--|------|------------|--------|
| P127 | IPLOY PEME TYPE PPE , 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

ACKNOWLEDGED BY:

Handwritten signature

Signature Over Printed Name

VALIDATED

Signature Over Printed Name
 BY: _____

Date Created: 11/25/2024 09:14 AM

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 *****