



**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

Priority No.	0019
SO No.	480953
S.O Date	11/25/2024
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

**PATIENT ID** : 112571  
**PATIENT NAME** : BAHINTING, JAYKEE, LARIOSA  
**PATIENT ADDRESS** : Pooc, City Of Talisay, Cebu  
**MOBILE NO.** : 0985 212 2052  
**EMAIL ADDRESS** :  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

**GENDER** : Male  
**BIRTHDATE** : 07/10/1989  
**AGE** : 35  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT



CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME »PE CHEST PAID, CBC, UA, SE <i>paired</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:**

Signature Over Printed Name

**VERIFIED BY:**

**VALIDATED**

Signature Over Printed Name

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.

BY: \_\_\_\_\_ Date Created: 11/25/2024 08:26 AM

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