



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

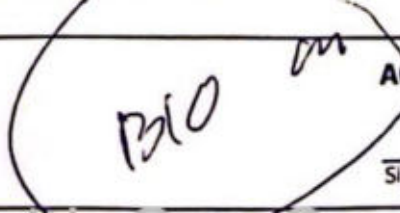

Priority No.	0015
SO No.	482542
S.O Date	12/09/2024
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

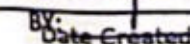
PATIENT ID : 113137	GENDER : Female
PATIENT NAME : ANDALES, JOJIE, MALOMOG	BIRTHDATE : 10/18/1991
PATIENT ADDRESS : VILLA EVITA, Minglanilla, Cebu	AGE : 33
MOBILE NO. : 0945 712 8877	CIVIL STATUS : Single
EMAIL ADDRESS : .	SC/PWD ID :
REQUESTING PHYSICIAN :	HMO CARD NO. :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS	PATIENT STATUS : FOR EMPLOYMENT
RESULT DELIVERY : DELIVERY	

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME »PE <u>✓</u> , CHEST PA <u>✓</u> , ECG <u>✓</u> , UA <u>✓</u> , SE <u>✓</u> DRUG TEST <u>✓</u> (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

<p>PREPARED BY: Floren A. Manigos</p>	<p>ACKNOWLEDGED BY:  Signature Over Printed Name</p>
<p>VERIFIED BY:  Signature Over Printed Name</p>	

Page 1 of 1 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 agreed to the charges associated with the products and services.

BY: 
 Date Created: 12/09/2024 08:46 AM

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