



**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.	0003
SO No.	483766
S.O Date	12/23/2024
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

**PATIENT ID** : 113852  
**PATIENT NAME** : VILLANUEVA, ZYKE DANIEHL, PORTON  
**PATIENT ADDRESS** : BASE ST., Cansojong, City Of Talisay, Cebu  
**MOBILE NO.** : 0961 449 1182  
**EMAIL ADDRESS** : zdaniehl7@gmail.com  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

**GENDER** : Male  
**BIRTHDATE** : 10/25/1998  
**AGE** : 26  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**NMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES	
P127	IPLOY PEME »PE, CHEST PA, CBC, UA, SE W, 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
					VARIABLE SALES	0.00
					V-A-T	0.00
					SC/PWD DISCOUNT	0.00
					AMOUNT DUE	800.00

**BIOMETRICS DONE**  
**DATE: 12/20/24**

**PRIME CARE ALPHA**

**PREPARED BY:**

Juvelyn M. Ursal

**ACKNOWLEDGED BY:**

Signature Over Printed Name

**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.

Date Created: 12/23/2024 07:16 AM

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