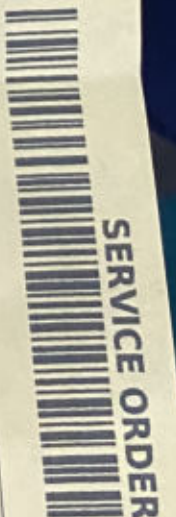




**Medgrupp Polyclinics & Diagnostic Center, Inc.**  
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
 Tel # (032) 232-2273/266-3245  
 www.primecarealpha.ph



**SERVICE ORDER**

**BILL TO :**

**[000160] IPLOY STAFFING SOLUTIONS**  
 16th floor, One Montage, Archbishop Reyes Ave.  
 (Capital), Cebu  
 09177097074 / 09171575430

*WHITENESSES. PLEASE COME ON DATE SCHEDULED 1-20-25 OTHERWISE YOU WILL HAVE TO PAY IN CASH. Cebu City, Cebu City*

Priority No.	0051
SO No.	485544
S.O Date	01/13/2025
Terms	30 Days
Amount Due	P8000.00

**PATIENT INFORMATION**

**PATIENT ID** : 115898  
**PATIENT NAME** : HIYAS, WENDY, OCHEA  
**PATIENT ADDRESS** : Canamucan, Compostela, Cebu  
**MOBILE NO.** : 0975 843 3702  
**EMAIL ADDRESS** :  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

**GENDER** : Female  
**BIRTHDATE** : 03/28/2000  
**AGE** : 24  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

**CODE** : P127  
**PARTICULARS/PROCEDURE** : IPLOY PEME  
 \*PE *PE* CHEST PAIN CBC *UA* *Q* SE *WOUND*  
 DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)

QTY	UNIT PRICE	AMOUNT	TOTAL SALES	VARIABLE SALES	V-A-T	SC/PWD DISCOUNT	AMOUNT DUE
1.00	800.00	800.00	800.00	0.00	0.00	0.00	800.00

**PREPARED BY:**  
 Floren A. Manigos

**ACKNOWLEDGED BY:**  
 Signature Over Printed Name

**BY:**  
 Signature Over Printed Name

**VALIDATED**

Date-Created: 01/13/2025 10:44 AM

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 agree to the charges associated with the products and services.  
 \*\*\*\* THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM \*\*\*\*