



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



| | |
|--------------|------------|
| Priority No. | 0099 |
| SO No. | 485597 |
| S.O Date | 01/13/2025 |
| Terms | 30 Days |
| Amount Due | P800.00 |

BILL TO :

[000160] IPLOY STAFFING SOLUTIONS

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

PATIENT INFORMATION

PATIENT ID : 115921
PATIENT NAME : BATUHAN, JERICO, RUBIN
PATIENT ADDRESS : OCAMPO DRIVE, Inayawan, Cebu City (Capital), Cebu
MOBILE NO. : 0929 230 5463
EMAIL ADDRESS : jerechobatuhan@gmail.com
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Male
BIRTHDATE : 05/06/1998
AGE : 26
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 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 |

| 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:

Juvelyn Ursal

ACKNOWLEDGED BY:

Batuhan Jerico

Signature/Overprinted Name

PAID

PRIME CARE ALPHA
 Signature/Overprinted Name

Date Created: 01/13/2025 01:14 PM

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.