



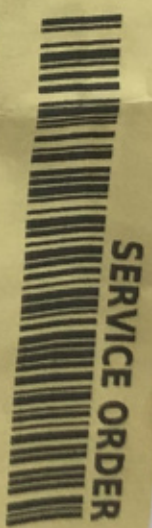
**Medgrupp Polyclinics & Diagnostic Center, Inc.**  
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
 Tel # (032) 232-2273/266-3245  
 www.primecarealpha.ph

**BILL TO :**

**10001601 IPLOY STAFFING SOLUTIONS**  
 16th floor, One Montage, Archbishop Reyes Ave, ~~Cebu City~~ Cebu City  
 (Capital), Cebu  
 09177097074 / 09171575430

WHY MENES. PLEASE  
 DATE SCHEDULED 09/25  
 OTHERWISE YOU WILL HAVE TO

Priority No.	0023
SO No.	487291
S.O Date	01/24/2025
Terms	30 Days
Amount Due	P800.00



**SERVICE ORDER**

**PATIENT INFORMATION**

**PATIENT ID** : 117505  
**PATIENT NAME** : MIER, ARRICENT SCARLET, DIAZ  
**PATIENT ADDRESS** : BONTORES ST., Basak San Nicolas, Cebu City (Capital), Cebu  
**MOBILE NO.** : 0981 162 9981  
**EMAIL ADDRESS** : arricentmier@gmail.com  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

**Prime CARE**

**GENDER** : Female  
**BIRTHDATE** : 09/09/2004  
**AGE** : 20  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

**CODE** : 127  
**PARTICULARS/PROCEDURE**  
 IPLOY PEME : 1.00  
 CHEST PA : 800.00  
 DRUG TEST :  
 (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)

**PREPARED BY:**

Juvelyn A. Orsal

**ACKNOWLEDGED BY:**

Signature Over Printed Name

**VALIDATED**

BY: Signature Over Printed Name

Date Created: 01/24/2025 09:00

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.

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

NAME: MIER, ARRICENT SCARLET  
 SURNAME: FIRST NAME  
 Department:  
 Hire