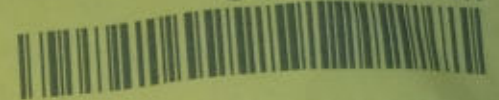




**Medgruppe Polyclinics & Diagnostic Center, Inc.**  
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
 Tel # (032) 232-2273/266-3245  
 www.primecarealpha.ph

**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.	0039
SO No.	487308
S.O Date	01/24/2025
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

<b>PATIENT ID</b> : 075294	<b>GENDER</b> : Female
<b>PATIENT NAME</b> : PATALINGHUG, FRETZE JOYCE, LARAYOS	<b>BIRTHDATE</b> : 12/24/1997
<b>PATIENT ADDRESS</b> : MATUMBOK, Pusok, Lapu-Lapu City (Opon), Cebu	<b>AGE</b> : 27
<b>MOBILE NO.</b> : 0910 665 8572	<b>CIVIL STATUS</b> : Single
<b>EMAIL ADDRESS</b> : fretzejoyce29@gmail.com	<b>SC/PWD ID</b> :
<b>REQUESTING PHYSICIAN</b> :	<b>HMO CARD NO.</b> :
<b>COMPANY/REFERRED BY</b> : IPLOY STAFFING SOLUTIONS	<b>PATIENT STATUS</b> : FOR EMPLOYMENT
<b>RESULT DELIVERY</b> : DELIVERY	



CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME *PE, CHEST PAIN, CBC, UA, SE 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

<b>PREPARED BY:</b> Lovelyn N. Ursal	<b>ACKNOWLEDGED BY:</b> <i>[Signature]</i> Signature Over Printed Name	<b>VERIFIED BY:</b> <b>VALIDATED</b> Signature Over Printed Name
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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: 01/24/2025

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