



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

SERVICE ORDER



**WITH THESE, PLEASE COME ON
 DATE SCHEDULED 1/27/25
 OTHERWISE YOU WILL HAVE TO
 PAY P**

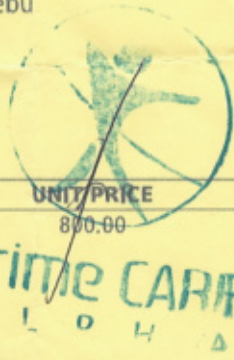
Priority No.	0021
SO No.	487289
S.O Date	01/24/2025
Terms	30 Days
Amount Due	P800.00

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 : 117503	GENDER : Female
PATIENT NAME : ABELLA, DAHRLYN, -	BIRTHDATE : 11/30/1999
PATIENT ADDRESS : MAGSAYSAY, Poblacion, Toledo City, Cebu	AGE : 25
MOBILE NO. : 0991 892 3920	CIVIL STATUS : Single
MAIL ADDRESS : dahrlynabella@gmail.com	SC/PWD ID :
REQUESTING PHYSICIAN :	HMO CARD NO. :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS	PATIENT STATUS : FOR EMPLOYMENT
RESULT DELIVERY : DELIVERY	



CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
0127	IPLOY PEME »PE, CHEST PA, 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 VATABLE SALES : 0.00 V-A-T : 0.00 SC/PWD DISCOUNT : 0.00 AMOUNT DUE : 800.00

PREPARED BY:

Juvelyn N. Ursal

ACKNOWLEDGED BY:

Signature Over Printed Name

VALIDATED

BY: 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.

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