

MULTI-PURPOSE CLEARANCE

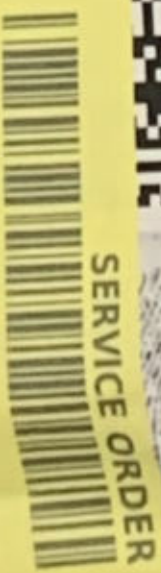


Medgruppe Polyclinics & Diagnostic Center, Inc.
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 Tel # (032) 232-2273/2266-3245
 www.primicarealpha.ph

BILL TO :

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

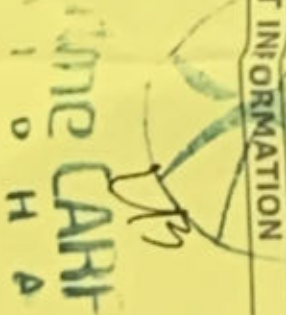
PLEASE NOTE:
 ALL SERVICES, PLEASE **QUOTE** THE
 DATE SCHEDULED **1/24/25**
OTHERWISE YOU WILL HAVE TO PAY P



SERVICE ORDER

| | |
|--------------|------------|
| Priority No. | 0030 |
| SO No. | 487298 |
| S.O Date | 01/24/2025 |
| Terms | 30 Days |
| Amount Due | P800.00 |

PATIENT ID : 117510
PATIENT NAME : BALDESCO, LADY MAE, DUMANDAN
PATIENT ADDRESS : Tabok, Mandaue City, Cebu
MOBILE NO. : 0970 222 0332
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY



PATIENT INFORMATION
GENDER : Female
BIRTHDATE : 10/28/2003
AGE : 21
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

CODE : P127
PARTICULARS/PROCEDURE
 IPLOY PEME : 1.00
 CHEST PA : 800.00
 DRUG TEST :
 (NOTE: PLEASE COMPLETE ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)

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 N. Ursal

ACKNOWLEDGED BY:

[Signature]
 Signature Over Printed Name

VANDATED

BY:
[Signature]
 Signature Over Printed Name

I acknowledge that I was duly informed by Prima Care Alpha employee to pay the above mentioned facts. 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

NO DEROGATORY RECORD

NO DEROGATORY RECORD

NO DEROGATORY RECORD