



**Medgrupe 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 :**

*20/20* *[Signature]*

**[000160] IPLOY STAFFING SOLUTIONS**

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

Priority No.	
SO No.	0030
S.O Date	487623
Terms	01/27/2025
Amount Due	30 Days P800.00

**PATIENT INFORMATION**

**PATIENT ID** : 117654  
**PATIENT NAME** : PATLINGRAO, ALMIRA, ABALOS  
**PATIENT ADDRESS** : Sambag li (Pob.), Cebu City (Capital), Cebu  
**MOBILE NO.** : 0912 026 8923  
**EMAIL ADDRESS** : almirapatlingrao@gmail.com  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

**GENDER** : Female  
**BIRTHDATE** : 02/23/2002  
**AGE** : 22  
**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, 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

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 A. Ursal

**ACKNOWLEDGED BY:**  
 [Signature]  
 Signature Over Printed Name

**VALIDATED**  
 BY: [Signature]  
 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 \*\*\*