



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



**SERVICE ORDER**

**BILL TO :**

**[000160] IPLOY STAFFING SOLUTIONS**

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

WITH REFERENCE TO THE DATE SCHEDULED OTHERWISE YOU WILL HAVE TO PAY P

Priority No.	0023
ISO No.	488556
S.O. Date	02/03/2025
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

**PATIENT ID** : 118063  
**PATIENT NAME** : MADAYA, JENNIELYN, BAGUIO  
**PATIENT ADDRESS** : San Roque, City Of Talisay, Cebu  
**MOBILE NO.** : 0992 732 9643  
**EMAIL ADDRESS** :  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY



**PRIME CARE**

**GENDER** : Female  
**BIRTHDATE** : 10/11/1987  
**AGE** : 37  
**CIVIL STATUS** : Married  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

**CODE PARTICULARS/PROCEDURE**

P127 PLOY PEME  
 \*PE CHEST PAPER, CBC, U, U, SE, WBC  
 DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)

QTY	UNIT PRICE	AMOUNT
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

**ACKNOWLEDGED BY:**

Floren A. Manigos

Signature Over Printed Name

**VALIDATED**

BY: \_\_\_\_\_  
 Signature Over Printed Name  
 Date Created: 02/03/2025 09:06 AM

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 \*\*\*\*