



BILL TO :

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

Priority No.	0015
SO No.	488548
S.O Date	02/03/2025
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 118057	GENDER : Female
PATIENT NAME : BAYLOSIS, KRIS, ORENCIO	BIRTHDATE : 06/24/1999
PATIENT ADDRESS : CABANTAN, Cebu City (Capital), Cebu	AGE : 25
MOBILE NO. : 0910 330 6682	CIVIL STATUS : Single
EMAIL ADDRESS :	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															
P127	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	<table border="0"> <tr> <td>TOTAL SALES</td> <td>:</td> <td>800.00</td> </tr> <tr> <td>VARIABLE SALES</td> <td>:</td> <td>0.00</td> </tr> <tr> <td>V-A-T</td> <td>:</td> <td>0.00</td> </tr> <tr> <td>SC/PWD DISCOUNT</td> <td>:</td> <td>0.00</td> </tr> <tr> <td>AMOUNT DUE</td> <td>:</td> <td>800.00</td> </tr> </table>	TOTAL SALES	:	800.00	VARIABLE SALES	:	0.00	V-A-T	:	0.00	SC/PWD DISCOUNT	:	0.00	AMOUNT DUE	:	800.00
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AMOUNT DUE	:	800.00																		

PREPARED BY:
 Floren A. Manigos

ACKNOWLEDGED BY:
 Signature Over Printed Name

VALIDATED
 Signature Over Printed Name

Page 1 of 1 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: 02/03/2025 08:41 AM

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