



**Medgrupppe 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 :**

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

Priority No.	0100
SO No.	489540
S.O Date	02/10/2025
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

**PATIENT ID** : 098355  
**PATIENT NAME** : ALMADEN, MA. RHELA, ARIGO  
**PATIENT ADDRESS** : PHASE 2 BLK 5 LOT 10 DECA HOMES, Sabang, Danao City, Cebu  
**GENDER** : Female  
**BIRTHDATE** : 11/20/1994  
**AGE** : 30

**MOBILE NO.** : 09777879128  
**EMAIL ADDRESS** : thelarigo2128@gmail.com

**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS

**CIVIL STATUS** : Married  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

**RESULT DELIVERED BY** : RYAN BARRAS/PROCEED EVERY  
**IPLOY P/ME** : RYAN BARRAS  
 \*PE CHEST PAIN, 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.)

**BIO-METRIC DONOR**  
**DATE** : Feb. 10, 2025

QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES	
1.00	800.00	800.00	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 Ursol

**ACKNOWLEDGED BY:**

Signature Over Printed Name

Signature Over Printed Name

**VALIDATED**

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.

Date Created: 02/10/2025 12:26 PM

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