



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 : 20/25 *ES*

Priority No.	0049
SO No.	490312
S.O Date	02/17/2025
Terms	30 Days
Amount Due	P800.00

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

PATIENT INFORMATION

PATIENT ID : 120281
PATIENT NAME : RICAFORT, DARA ELLAINE, HASSAN
PATIENT ADDRESS : Cabanalan, Mandaue City, Cebu
MOBILE NO. : 0995 035 3737
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY



GENDER : Female
BIRTHDATE : 01/07/1998
AGE : 27
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME »PE <i>1</i> , CHEST PA <i>1</i> , CBE <i>1</i> , UA <i>1</i> , SE <i>1</i> 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	TOTAL SALES : 800.00 VATABLE SALES : 0.00 V-A-T : 0.00 SC/PWD DISCOUNT : 0.00 AMOUNT DUE : 800.00

Prime Care
 I O H A

PREPARED BY: Cristian Mill B. Mesa
ACKNOWLEDGED BY: *[Signature]*
VALIDATED BY: *[Signature]*
 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: 02/17/2025 10:40 AM

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

Issued this 9th day of JUNE , 2025 at the Barangay Poblacion, Ipil, Zamboanga Sibugay.

HON. ROY ANDY C. OLEGARIO
 Punong Barangay

