



**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 :**

**[000160] IPLOY STAFFING SOLUTIONS**

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

WITH MESES. PLEASE COME ON  
 DATE SCHEDULED 3-3-25  
 OTHERWISE YOU WILL HAVE TO  
 PAY P

Priority No.	
SO No.	49
S.O Date	02/25/25
Terms	30 D
Amount Due	P80

**PATIENT INFORMATION**

**PATIENT ID** : 120935  
**PATIENT NAME** : CAANG, JANE ASHLEY, SALAPI  
**PATIENT ADDRESS** : Busay (Pob.), Cebu City (Capital), Cebu  
**MOBILE NO.** : 0926 662 9859  
**EMAIL ADDRESS** : janeashleycaang@gmail.com  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY



**GENDER** : Female  
**BIRTHDATE** : 03/08/1997  
**AGE** : 27  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

Prime CARE  
 ALPHA

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME » PE, CHEST PAW, CBC, DA, SEWOUND 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	
V-A-T	
SC/PWD DISCOUNT	
AMOUNT DUE	800.00

BIOMETRICS DONE  
 DATE: 25 FEB 2025

**PREPARED BY:**

Juvelyn Ursal

**ACKNOWLEDGED BY:**

Signature Over Printed Name

**VALIDATED**

BY 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.