



Medgrupe Polyclinics & Diagnostic Center, Inc.
 2nd Level, APM Centrale, A. S. no Jr. Ave., NRA, Mabolo, Cebu City
 Tel # (032) 232-2273/266-3273
 www.primecarealpha.ph

8427

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 MENSES. PLEASE COME ON
 DATE SCHEDULED FOR OPEN SCHEDULE
 OTHERWISE YOU WILL HAVE TO
 PAY P

Priority No.	0013
SO No.	491342
S.O Date	02/25/2025
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 120924	GENDER : Female
PATIENT NAME : GIMONGALA, CANDELARIA, ALCOMENDRAS	BIRTHDATE : 02/02/2000
PATIENT ADDRESS : Lahug (Pob.), Cebu City (Capital), Cebu	AGE : 25
MOBILE NO. : 0909 540 4980	CIVIL STATUS : Single
EMAIL ADDRESS : candelaria.gimongala2000@gmail.com	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, SERUM 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

ALL TESTS DONE
 DATE: 25 FEB 2025

PREPARED BY: Juvelyn N. Ursal	ACKNOWLEDGED BY: _____ Signature Over Printed Name	VERIFIED BY: VALIDATED _____ Signature Over Printed Name BY: _____
---	---	--

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: 02/25/2025 07:55 AM

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