

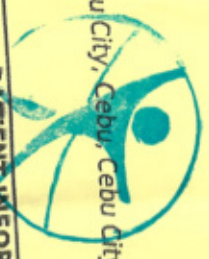


**Medgrupp Polyclinics & Diagnostic Center, Inc.**  
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
 Tel # (032) 232-2273/266-3245  
 www.primicarealpha.ph

MSM 20/170

**BILL TO :**

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



Priority No.	0101
SO No.	491442
S.O Date	02/25/2025
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

**PATIENT ID** : 120965  
**PATIENT NAME** : BALBOA, ROCKY ACE, RESTOR  
**PATIENT ADDRESS** : Apas, Cebu City (Capital), Cebu  
**MOBILE NO.** : 0910 018 4817  
**EMAIL ADDRESS** : acebalboa1996@gmail.com  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLAY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

**GENDER** : Male  
**BIRTHDATE** : 08/30/1996  
**AGE** : 28  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLAY STAFFING SOLUTIONS » PLACEMENT CHEST PA » PLACEMENT CBC » PLACEMENT UA » PLACEMENT SENSILYD (NOTE: PLEASE COMPLETE ALL DRUG TEST 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 AMOUNT : 800.00

**PREPARED BY:**

Juvilyn N. Ursal

Signature Over Printed Name

**ACKNOWLEDGED BY:**

BY: VERIFIED BY:

Signature Over Printed Name

Date Created: 02/25/2025 01:19 PM

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

**RECEIVED**