Medgruppe Polyclinics & Diagnostic Center, Inc.
2nd Level, APM Centrale, A. Sc[illegible]no Jr. Ave., NRA, Mabolo, Cebu City
Tel # (032) 232-2273/266-324[illegible]
www.primecarealpha.ph

5433

SERVICE ORDER

Priority No.	**0009**
SO No.	**491338**
S.O Date	**02/25/2025**
Terms	**30 Days**
Amount Due	**₱800.00**

BILL TO :

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

PATIENT INFORMATION

PATIENT ID	: 120920	**GENDER**	: Female
PATIENT NAME	: GONZALES, REGINE, SAYAGO	**BIRTHDATE**	: 03/07/2002
PATIENT ADDRESS	: Naalad, City Of Naga, Cebu	**AGE**	: 22
MOBILE NO.	: 0939 193 2829	**CIVIL STATUS**	: Single
EMAIL ADDRESS	: ginesgonzales94@gmail.com	**SC/PWD ID**	:
REQUESTING PHYSICIAN	:	**HMO CARD NO.**	:
COMPANY/REFERRED BY	: IPLOY STAFFING SOLUTIONS	**PATIENT STATUS**	: FOR EMPLOYMENT
RESULT DELIVERY	: DELIVERY		

HMO CARD
DONE
DATE: 25 FEB 2025

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
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

SUMMARY OF CHARGES		
TOTAL SALES	:	800.00
VATABLE SALES	:	0.00
V-A-T	:	0.00
SC/PWD DISCOUNT	:	0.00
AMOUNT DUE	:	800.00

PREPARED BY:
Juvelyn N. Ursal

ACKNOWLEDGED BY:
Signature Over Printed Name

VERIFIED BY:
VALIDATED
BY: Signature Over Printed Name

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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 07:46 AM

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